

The Volunteer Florida Foundation, Inc.

Vendor Electronic Funds Transfer:

The authorization form, which is provided, gives Florida Commission on Community Service and your financial institution authority to deposit funds to your account. Simply complete the form in order to take advantage of EFT.

All you need do is:

- 1.) Mark the box before type of account to indicate whether your deposit will be deposited in your checking or savings account.
- 2.) Fill in your company name, financial institution name and location, and date.
- 3.) Please be sure to fill in your bank routing number and your account number.

NOTE: Be sure to sign the form !

**AUTHORIZATION: Please fill out and return to the payer.
The payer will retain this on file for their records.**

I authorize The Volunteer Florida Foundation, Inc. and the financial institution
Company Name

listed below to initiate/receive electronic credit entries, and if necessary, debit entries for any credit entries made in error to the following account:

Checking Account

Savings Account

This authority will remain in effect until I have cancelled it in writing.

Date: _____

FINANCIAL INSTITUTION

PROGRAM NAME OR INDIVIDUAL (PLEASE PRINT)

BRANCH

ACCOUNT NUMBER

CITY STATE

SIGNATURE

TRANSIT ROUTING NUMBER

ACCOUNT NUMBER INFORMATION

: :

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NOTE: Only 9 digits in Routing Numbers