ACH Transfer Authorization Form

Vendor Name			
Tax/Legal Name (if different from Vendor Name)		Employer Tax ID	

By printing or signing my name via handwritten or electronic signature, I confirm my authority to issue these instructions and authorize ECS4KIDS to initiate automatic deposits to my account at the financial institution named below. I also authorize ECS4KIDS to correct any entries, if a credit entry is made in error, by debiting my account to the extent of the overpayment.

Further, I agree not to hold ECS4KIDS responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This authorization will remain in effect until ECS4KIDS receives prior written notice of cancellation from my financial institution or me, or until I submit a new form. Changes require seven business days to process.

If the contractor or vendor opts to use unencrypted email and/or fails to implement and enforce multi-factor authentication, they accept full responsibility for any losses resulting from risks such as the email being corrupted, altered, garbled, hacked, or having its confidentiality compromised by a third party. They also acknowledge the risk that ECS4KIDS may act on such emails believing them to be legitimate communications from the contractor or vendor, even if unauthorized. Furthermore, the contractor or vendor agrees that ECS4KIDS may rely on the integrity of electronic transmissions sent by them or their authorized representatives and accepts responsibility for any losses caused by discrepancies between the information sent and what ECS4KIDS receives. If a transmission is unclear or ECS4KIDS suspects is not an authorized communication, ECS4KIDS will refrain from acting on it and will reach out to the contractor for clarification.

Signature of Vendor or Vendor's Representative		Date	
Printed Name	Title		
Relationship to Vendor			
Email		Phone	

BANKING INFORMATION

Account Holder's Name	
Bank Name	
Reason Vendor Name and Account Holder's Name Do Not Match*(if Applicable)*	
Bank Account Number	
Routing Number / Swift Code	
Bank Address (Street, City, State, Zip)	
Account Type	☐ Checking ☐ Savings

ACH Transfer Authorization Form

Form Instructions
ECS4KIDS requires vendors to complete all forms electronically to increase legibility and reduce the possibility of errors. Please type the required information and return to your ECS4KIDS contact.

Banking Information
Please complete all fields in the banking information section. If your Bank Account Holder Name does not match your Vendor Name, you must indicate the reason in the area below the Account Holder's Name field.

You must also attach one of the following with the ACH Transfer Authorization Form to verify ownership of the bank account:

• A letter from the financial institution verifying bank account ownership. The letter must include:

– Account holder's name
– Bank Account Number
– Bank Routing (ABA) number;
– Or a copy of a voided check.

Note: If Vendor's name and Account Holder's name do not match, you are required to submit a hand signed letter of authorization or direction.

You may email this form to ap@ecs4kids.org or fax it to (904) 726-1519. For questions or concerns, you may follow-up with someone in our Accounting Office at (904) 726-1500 Ext 2240.