lst	Direct Deposit (ACH Credits) Authorization Agreement	Internal use only LSF Vendor Number: LSF Program:
		LSF Program Approval:
		Check action required:
		□ New □ Update Existing
Attach a voided check to verify bank details and routing number.		□ Cancel □ Verifying
Notes:		
		□ Vendor □ Employee
Vendor Nam	<u>e</u>	
Account Name (if different)		Federal Tax ID Number
Contact	E-mail Address	,

Financial Institution Name	Financial Institution Contact Phone:	
City	<u>State</u>	Zip
Account Number:	Routing Number	

I certify that the information I provided is correct and that I am an authorized signor or designee of the account provided for direct deposit transactions and am entitled to provide this authorization. I (we) hereby authorize Lutheran Services Florida, Inc. to initiate ACH (Automated Clearing House) credit entries to the account and initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated above..

This authorization is to remain in full force and effect until Lutheran Services Florida, Inc. has received written notification from me (us) of its termination in such time and manner as to allow Lutheran Services Florida, Inc. and the depository financial institution a reasonable opportunity to act on it.

I agree to hold Lutheran Services Florida, Inc. harmless for any delay or loss of funds due to incorrect or incomplete information provided on this form or due to an error on the part of my financial institution in depositing funds to my account.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Signature of Authorized Designee of Account

Date

Print Name