

AUTHORIZATION AGREEMENT FOR ELECTRONIC DEPOSITS VIA ACH



Organization Name: _____

Address: _____

Tax ID #: _____

Account Type: Checking Savings

Bank Name: _____

Bank Contact: _____ Phone #: _____

Transit/ABA/Routing #: _____

Account #: _____

I, (we), hereby authorize Corporation to Develop Communities of Tampa Inc, herein called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated above hereinafter called DEPOSITORY.

This authority is to remain in full force until COMPANY has received written notification from me (us) of its termination allowing 14 days for processing.

Signer(s) on Account: _____

Signature(s): _____

Agency Contact Person: _____ Phone #: _____

Email Address: _____

▶ PLEASE ATTACH A VOIDED CHECK OR A LETTER FROM YOUR BANK. OUR BANK REQUIRES THIS INFORMATION TO BE KEPT ON RECORD IN OUR FILES. THANK YOU.

▶ FORWARD TO Corporation to Develop Communities of Tampa Inc, PO Box 310385, Tampa, FL 33680 Attn: Finance P: (813) 231-4362 x3160 • Email: finance@cdcoftampa.org

Please retain a copy before forwarding to Corporation to Develop Communities of Tampa Inc.