PSF Finance Department
5950 NW 1ST PL STE 300
Gainesville FL 32607-6065

AUTHORIZATION FOR DIRECT DEPOSIT

Provider ID: _____

Please check-mark the status that applies to you:

☐ **Foster Parent** ☐ **Adoptive Parent** ☐ **Employee** ☐ **Independent Living** ☐ **Vendor**

To enroll in the Partnership for Strong Families (PSF) direct deposit program, please complete this authorization form and return it to PSF. **Make sure you attach a copy of a blank voided check for the checking account, (it must include your name & address). Alternatively, please attach documentation from the bank to verify the routing (Transit/ABA) number and your account number.** This information will be used to ensure your payment is deposited into the proper account.

Once the authorization form is received, the information will be verified before the program is initiated. After you enroll, it will take approximately two check cycles for PSF and its duly authorized agent to verify and process the information to begin reimbursing you via direct deposit. During this processing period, you will continue to be issued a live check. Any changes in banking information (account numbers, financial institutes, etc.) made to your direct deposit will result in the changes being treated as a new enrollment.

Mail your completed form and voided check to:

Partnership for Strong Families
Finance Dept.
5950 NW 1ST PL STE 300
Gainesville FL 32607-6065

or Fax it to **352-244-1642**
or e-mail it to **invoices@pfsf.org**

AUTHORIZATION AGREEMENT FOR AUTOMATIC CREDITS (ACH Credits)

I (we) hereby authorize PSF and its duly authorized agent, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my (our) checking/savings account indicated below and the financial institution named below, to debit and/or credit the same to said account.

Financial Institution: _____ Branch: _____

City: _____ State: _____ Zip Code: _____

9-digit Routing/Transit/ABA: _____ Account Number: _____

Type of Account: ☐ Checking ☐ Savings

This is to remain in full force until Partnership for Strong Families and its duly authorized agent has received written notification from me (or either of us) of its termination in such time and in such manner as to afford PSF or its duly authorized agent and the financial institution named above a reasonable opportunity to act on it. **Please notify the Partnership for Strong Families Finance Department immediately when closing your account.**

Printed Names(s*) as listed on account: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

**Two signatures are required for joint bank accounts*
**Two signatures are required for joint providers*

Home Phone Number: _____