

**BUSINESS DIRECT DEPOSIT VIA ACH
(ACH CREDIT)**

Check one: Begin ACH Deposit Change Information Terminate ACH

Organization Name: _____

Organizations Address: _____

Contact Name/Title: _____

Contact Phone: _____ Contact Email: _____

Authorized Signer Name: _____ Phone: _____

ORGANIZATION will be notified via email of ACH payments. Please supply an email address that you would like ACH notifications to go to: _____

Account type (select one only): Business Checking Account Business Savings Account

at the depository financial institution ("DEPOSITORY") named below. **Please attach a cancelled check.**

Depository Name _____

Branch Address: _____

Routing Number: _____

Account Number: _____

Name on the Account _____



ORGANIZATION hereby authorizes United Arts of Central Florida, Inc. ("UNITED ARTS") to electronically credit the ORGANIZATION'S account (and, if necessary, to electronically debit the ORGANIZATION'S account to correct erroneous credits) for payments due the ORGANIZATION. ORGANIZATION agrees that ACH transactions the ORGANIZATION authorizes comply with all applicable laws.

ORGANIZATION understands that this authorization will remain in full force and effect until the ORGANIZATION notifies UNITED ARTS that they wish to revoke this authorization by submitting this form with the option to terminate the ACH checked. ORGANIZATION understands that UNITED ARTS requires 5 business days prior notice to cancel this authorization.

Name: _____

(Please Print)

Authorized Signer Signature: _____ Date: _____