

Electronic Payment Authorization

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|--|--|--------------|--------------------------|-------------|--------------------------|----------|--------------------------|----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
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| | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | | | | | | | | | | | | | | | | | |
| Social Security Number | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | |
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| Mailing Address (Number, Street) | | | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | | | | | |
| State | Zip Code | | | | | | | | | | | | | | | | | | | | |
| Telephone Number () | Email Address (Payment Notification) | | | | | | | | | | | | | | | | | | | | |
| Direct Deposit Action Requested (Check Only One) | <table style="width: 100%;"> <tr> <td>(1) Start</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>(2) Change</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>(3) Stop</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>(4) Name Change Only</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table> | (1) Start | <input type="checkbox"/> | (2) Change | <input type="checkbox"/> | (3) Stop | <input type="checkbox"/> | (4) Name Change Only | <input type="checkbox"/> | | | | | | | | | | | | |
| (1) Start | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| (2) Change | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| (3) Stop | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| (4) Name Change Only | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| Account Type (Check Only One) | <table style="width: 100%;"> <tr> <td>(1) Checking</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>(2) Savings</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table> | (1) Checking | <input type="checkbox"/> | (2) Savings | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| (1) Checking | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| (2) Savings | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| Your Account Number – Start at left, leave unused spaces blank | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | |
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| Transit Routing Number of Your Financial Institution | | | | | | | | | | | | | | | | | | | | | |
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| Name of Your Financial Institution | | | | | | | | | | | | | | | | | | | | | |
| Telephone number of Your Financial Institution () | | | | | | | | | | | | | | | | | | | | | |
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| <p><i>I authorize Eckerd Youth Alternatives, Inc. to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my bank account as indicated above. This form supersedes any previously dated direct deposit form.</i></p> | | | | | | | | | | | | | | | | | | | | | |
| Your signature | Date | | | | | | | | | | | | | | | | | | | | |

Please attach a copy of your Void Check for Checking account or Deposit Slip for Savings account