



Direct Deposit Agreement Form

AUTHORIZATION AGREEMENT

I hereby authorize The Nurturing Center to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold The Nurturing Center responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution, or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until The Nurturing Center receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form.

ACCOUNT INFORMATION

Print Name: _____

Financial Institution Name: _____

Account Type: Checking Savings

Account Number: _____

Routing Number: _____

Signature: _____

Attach/Staple copy of voided check or deposit slip in this area.