




Las Vegas Urban League
Early Childhood Connection

Provider Authorization Agreement for Direct Deposit Payments

I, hereby authorize the **Las Vegas Urban League Early Childhood Connection** to process my payments through automatic bank deposits, and to deposit, if necessary, adjustments for any entries made in error to the account indicated and financial institution named below.

 You must attach a **Voided Check** or a **Direct Deposit Form** from your financial institution or prepaid card account **with your name, account number, and routing numbers included** and return with this form. Please ensure that all lines are filled out properly before returning.

Provider Name: _____

Business Name (if applicable): _____

Contact Phone Number: _____

Provider ID#: _____

Name of Banking Institution: _____

Routing Number: _____

Bank Account Number: _____

If you wish to decline, please check the box below, sign and date.

I would like to decline direct deposit at this time.

Provider Signature

Date