

ACH Instructions

Lutheran Services Florida is pleased to announce the implementation of automated invoice payments for all vendors. This process will mean that as a vendor, you can choose the option of receiving your invoice payments through ACH (Automated Clearing House). Using ACH, our payment to you will be deposited directly into a checking account specified by you on the attached form. We trust that you will find this process beneficial, as payments will be received sooner than with our current check process.

Please fill out the below ACH authorization form. Once we receive the completed form our system will be updated with the information provided. As each payment is processed, we will send an email notifying you that a deposit has been made to the account you specified. It is imperative that the email notification is sent to the person who will use the information provided to credit our account with your company. Automatic payments will be processed weekly as the check payments are now.

Please take a moment to complete the form. We need all information on the form to be completed. We hope that you choose to take advantage of this convenient and fast form of invoice payment. Once your information is received and processed in our system, automatic payments to you will begin. Please remember, this is not for wire transfers, but for ACH.

Please return the completed form to **accountspayable@lsfnet.org**.



Direct Deposit (ACH Credits) Authorization Agreement

Internal use only
LSF Vendor Number: _____
LSF Program: _____
LSF Program Approval: _____

Check action required:
 New Update Existing
 Cancel Verifying

Vendor Employee

Attach a voided check to verify bank details and routing number.

Notes: _____

<u>Vendor Name</u>	
<u>Account Name (if different)</u>	
<u>Federal Tax ID Number</u>	
<u>Contact</u>	<u>E-mail Address</u>

<u>Financial Institution Name</u>		<u>Financial Institution Contact Phone:</u>	
<u>City</u>	<u>State</u>	<u>Zip</u>	
<u>Account Number:</u>		<u>Routing Number</u>	

I certify that the information I provided is correct and that I am an authorized signor or designee of the account provided for direct deposit transactions and am entitled to provide this authorization. I (we) hereby authorize Lutheran Services Florida, Inc. to initiate ACH (Automated Clearing House) credit entries to the account and initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated above..

This authorization is to remain in full force and effect until Lutheran Services Florida, Inc. has received written notification from me (us) of its termination in such time and manner as to allow Lutheran Services Florida, Inc. and the depository financial institution a reasonable opportunity to act on it.

I agree to hold Lutheran Services Florida, Inc. harmless for any delay or loss of funds due to incorrect or incomplete information provided on this form or due to an error on the part of my financial institution in depositing funds to my account.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Signature of Authorized Designee of Account

Date

Print Name

Title