



ACH VENDOR PAYMENT PROCESSING

To pay vendors more efficiently, United Arts prefers to transmit funds to our vendors via ACH. ACH payments reduce processing costs (time, paper and postage costs) and reduce the number of checks that are lost in the mail or not deposited by the recipient. For the vendor, ACH payments reduce deposit and banking time and costs on the recipients end and the funds will be available sooner.

To participate, please fill out the attached *Direct Deposit Via ACH* form and return it **with a cancelled check** copy to Juliana Steele, VP of Admin & CFO, for United Arts of Central Florida, either by:

- 1) Fax: 407-628-9110, or
- 2) Mail: United Arts of Central Florida
Attn: Juliana Steele, VP of Admin & CFO
2450 Maitland Center Parkway, Suite 201
Maitland, FL 32751

To ensure the security of your information, please do not email the completed form.

Participation is optional, but encouraged. If you elect to continue receiving paper checks, please note that we will be reducing our paper check runs, so this may delay your payment.

Once I have received your ACH form, I will notify the contact person on the form via email when their ACH account is live.

The designated contact person will receive an email with the dollar amount and remittance information when an ACH payment is initiated.

If you have questions or concerns on ACH payments, please contact Juliana Steele directly.

Thank you. I look forward to receiving your enrollment.

Juliana Steele

**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: _____