



Las Vegas Urban League

## Vendor ACH Payment Form For Direct Deposit Authorization Agreement for Preauthorization Payments

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

**For Direct Deposit, please complete all the Account Information below and return to:**

**LVUL Early Childhood Connection  
2470 N. Decatur Blvd. Suite 150  
Las Vegas, Nevada 89108**

**To Enroll, You Must Attach a Voided Check or Pre-Printed Direct Deposit Form From Your Financial Banking Institution. If using a Pre-Paid Card, attach a Pre-Printed Direct Deposit Form From Your Prepaid Card's Financial Institution and Return With This Paperwork.**

Company/Business Name: \_\_\_\_\_

Individual Name (if not a Company): \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Name of Banking Institution: \_\_\_\_\_

Routing/Transit # and Bank Acct #: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

I/We wish to decline these services at this time.

\_\_\_\_\_  
Provider Signature (to decline) Date