



ACH or EFT Payment Authorization Form

SECTION A

Instructions are on Page 2

1. TYPE OF ACTION a <input type="checkbox"/> NEW b <input type="checkbox"/> CHANGE c <input type="checkbox"/> CANCEL	2. FEIN or SSN (if you are an individual) 3. PHONE NUMBER (Only enter 10 digits) 4. FAX NUMBER (if you have one) 5. INTERNATIONAL ACH TRANSACTION (NACHA requirement): <input type="checkbox"/> The entire amount of my direct deposit payment IS ultimately deposited to a financial institution outside the U.S. <input type="checkbox"/> The entire amount of my direct deposit payment IS NOT ultimately deposited to a financial institution outside the U.S.	6. EMAIL ADDRESS (for payment notification) 7. YOUR NAME (if an individual) or COMPANY NAME (if a business) Address 1 Address 2 <table style="width: 100%; border: none;"> <tr> <td style="border: none;">City</td> <td style="border: none;">State</td> <td style="border: none;">Zip Code</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table>	City	State	Zip Code			
City	State	Zip Code						

SECTION B

Important! Please read and sign before submitting.

CANCELLATION / CHANGE OF ACCOUNT

The agreement represented by this authorization remains in effect until canceled in writing by the payee or until the program is suspended or terminated by **First Financial Associates**. Payments to you will be deposited into the account designated below until **First Financial Associates** is notified in writing that you wish to cancel this authorization or designate a different Financial Institution or account. Six (6) to ten (10) banking days are needed to execute your instructions. To make any changes, you must submit a new Authorization Form with the updated information. If any action or inaction taken by the payee results in non-acceptance of an EFT deposit by the designated Financial Institution, payee acknowledges that **First Financial Associates** has no responsibility to issue another payment until the funds for the non-accepted deposit are returned to **First Financial Associates** by the Financial Institution. If non-acceptance by the Financial Institution is the result of action or inaction taken by the payee, late fees and penalties including consequential damages caused by this non-acceptance do not apply. **Please DO NOT CLOSE YOUR ACCOUNT UNTIL ONE WEEK AFTER NOTIFYING First Financial Associates.**

RECOVERY OF FUNDS DEPOSITED IN ERROR

In the event that an erroneous EFT payment occurs, creating an over-payment, **First Financial Associates** reserves the right to debit your account for an amount not to exceed the amount of the erroneous EFT payment. In the event that a debit adjustment cannot be implemented, **First Financial Associates** may utilize any other lawful means to recover payments to which the account holder is not entitled, including deducting the amount owed from future payments until the total over-payment is recovered. By signing this form, account holder(s) acknowledge their acceptance of these terms and conditions.

I/We certify that I/we have read and understand the information contained in Section B, above. I/We authorize **First Financial Associates**, to deposit payments and make over-payment adjusting debits to my/our account as designated below. I certify that I am authorized to enter into this agreement on behalf of the account holder.

1.	X				
		Signature of Account Holder	Print Name	Title (if company account)	Date
2.	X				
		Signature of Joint Account Holder	Print Name	Title (if company account)	Date

SECTION C - FINANCIAL INSTITUTION INFORMATION

1. ACCOUNT TYPE (1): a. <input type="checkbox"/> SAVINGS b. <input type="checkbox"/> CHECKING	ACCT TYPE (2): c. <input type="checkbox"/> PERSONAL d. <input type="checkbox"/> COMMERCIAL		
2. ABA ROUTING & TRANSIT NUMBER	3. DEPOSITOR ACCOUNT NUMBER	4. ACCOUNT NAME (for commercial or business accounts)	
5. FINANCIAL INSTITUTION NAME		6. FINANCIAL INSTITUTION TELEPHONE NUMBER	
7. FINANCIAL INSTITUTION ADDRESS			
(Number and Street)		(City)	
(State)		(Zip)	
8. Bank Contact Person's Name (Printed or Typed)	9. Contact Person's Title	10. Contact's Telephone Number	11. Contact's Fax Number

SECTION D – FOR FFA USE ONLY

1. Child Care Provider ID No.	2. ACH / EFT Setup Date	3. NACHA Format	4. Notes

For EFT/Direct Deposit service on child care provider subsidy payments**General Instructions**

- 1) Complete sections A, B and C.
- 2) Send the original completed form (no faxes or copies accepted) to:

*First Financial Associates
7079 Hayden Quarry RD
Lithonia, GA 30038-2506*

Specific Instructions**Section A**

- 1) **Type of Action:**

New – Mark this box for new enrollment, or re-enrolling after a cancellation.

Change – Mark this box if adding to or changing any existing information. NOTE - If changing only the telephone number, email address, or mailing address, Section C may be left blank. However, if changing any banking information, please also fill out Section C.

Cancel – Mark this box to withdraw authorization for EFT/direct deposit payments. Payments will be paid by paper check instead, and mailed to the address provided on this form.
- 2) **Social Security Number (SSN) or Federal Employer's Identification Number (FEIN).** If you are a company, we must have a FEIN. If you are an individual child care provider, we must have your SSN. Since First Financial Associates is required to file information returns with the Internal Revenue Service under certain conditions, if you choose not to provide your social security or FEIN number, you will not be eligible to receive payments from **First Financial Associates**, or for this service.
- 3) **Telephone Number:** Please provide a telephone number where you may be reached during business hours in case there are any challenges setting up this service or delivering a future payment to you. When you are entering this or any other phone or fax number, please do not enter dashes, commas, parenthesis, or other characters. Only enter the 10 digit number.
- 4) **Fax Number:** Please provide a facsimile number where we may be able to fax information or documents to you. If you do not have a fax, you may skip this item.
- 5) **International ACH Transaction:** The National Automated Clearing House Association (NACHA) requires International ACH Transactions (IAT) be identified. In order to comply with these rules we must ask you to check the appropriate box that applies. Check the top/first box if the entire amount of the direct deposit IS ultimately deposited outside the U.S. Check the bottom/second box if the entire direct deposit is NOT ultimately deposited outside the U.S.
- 6) **Email Address:** Provide an email address to receive notification each time a payment is made, and other pertinent information, as may be needed.
- 7) **Name and Address:** We must have your company or organization name if you are a business. If you are an individual home based child care provider, or a sole proprietor, we must have your individual name. Also, since there is a small possibility that a payment may have to be mailed to you, an address must be provided. For center based and home based child care providers, this is the mailing address where you receive payments against your invoices.

Section B

Read and sign the form to indicate your agreement with the terms and conditions specified on it. **Only original signatures will be accepted.**

Note that by submitting the form you are authorizing **First Financial Associates** to credit your account (deposit funds) and, in the event of an over-payment error, to debit your account (withdraw funds) for the amount of the over-payment.

All of the individuals named on a Consumer or Personal Account must sign this form. If held by more than one person, the joint account holder must also authorize these EFT transactions. If your commercial or business account requires two (2) persons to sign a check or a withdrawal, then those same two (2) persons must sign this form.

Section C - Child Care Providers (Payees) must complete the information regarding their Financial Institution (Bank, Credit Union, etc.)

- 1) **Type of Account:** Specify if Checking or Savings and if Personal or Commercial.
 - 2) **ABA Routing & Transit Number:** This is always a nine-digit number. See the check numbering example below.
 - 3) **Depositor Account Number:** This may have up to seventeen digits. See the example below.
- Check Number:** This may be located to the right of the account number. Please see the example below.



Check
Number

If you have any questions, please
call us toll-free at:
(800) 453-8151