



Authorization Agreement ACH Debits

- Hartford Claremont Extended Care
 HASP DBS OQS
Kid's Connection Disnard Maple Bluff

Authorization Agreement

I hereby authorize **Green Mountain Children's Center (GMCC)** to initiate direct payments (Debits) from my account at the financial institution named below. I also authorize **GMCC** to make deposits (Credits) to this account in the event that a debit entry is made in error.

Further, I agree not to hold **GMCC** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in full force and effect until **GMCC** receives a written notice of cancellation from me or my financial institution in such time and manner as to afford **GMCC** a reasonable opportunity to act on it.

Account Information

Account Holder Name(s) _____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking Savings

Payment Frequency: Weekly (Monday's) Bi-Weekly (Monday's Starting _____) Monthly (~ 3rd of month)

Signature

Authorized Signature (Primary): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____

Please attach a voided check and return this form to your Site Director.

Any questions please contact our Operations Manager at 802-296-2296 or
GMCC.Financeoffice@gmail.com