



SANDHILLS CENTER

Managing Mental Health, Intellectual/Developmental Disabilities and Substance Abuse Services
910-673-9111 (FAX) 910-673-6202 www.sandhillscenter.org Victoria Whitt, CEO

ACH DIRECT DEPOSIT OF ACCOUNTS PAYABLE AUTHORIZATION AGREEMENT

I hereby authorize Sandhills Center LME and the Financial Institution shown to deposit my payment(s) directly to my bank account. If funds to which I am not entitled are deposited to my account, I authorize Sandhills Center LME to direct the bank to return said funds. This authority will remain in effect until I file a new Authorization agreement or cancel my participation.

Check one: /___/ NEW /___/ CHANGE /___/ CANCEL

COMPANY NAME (please print): _____

OWNER NAME (please print): _____

EMAIL ADDRESS FOR PAYMENT NOTIFICATION: _____

Federal ID Number: _____

Social Security Number: _____

BANK NAME: _____

CITY: _____ STATE: _____

ACCOUNT NUMBER: _____

TRANSIT/ROUTING NUMBER: _____

IMPORTANT: Attach a voided check for the above account so that we can obtain an accurate routing and transit number for the financial institution designated to receive your deposit.

***** Please note that it may take one to two billing cycles for any changes to take effect. *****

If you have any questions, please call the Accounts Payable Department at 910-673-7517 or send an e-mail to cathyf@sandhillscenter.org or fax to: Attn: Cathy Frye at 910-673-7992 or 910-673-0904.

