



LAKE WORTH DRAINAGE DISTRICT Direct Deposit Payment Authorization

Please complete the following information:

New Enrollment

Revision

Payee Name: *(Entity Name, or if an Individual, Last, First, Middle Initial)*

Address: *(Street or PO Box, City, State, and Zip Code)*

Telephone Number: (____) _____ Ext. _____

E-Mail Address for Deposit Notification: _____

Name and Address of Financial Institution: _____

Account Name/Title: _____

Account Type: Checking Savings

Routing Transit Number: _____ Account Number: _____
(9 digit number on bottom left of check)

Payee Certification:

By signing this form, I authorize payments from the Lake Worth Drainage District to be sent to the financial institution named above and deposited to the designated account. I have read and accept the Terms and Conditions for Direct Deposit Participation. I understand that any changes in the payee information above must be immediately communicated in writing to the Lake Worth Drainage District to ensure accurate and timely delivery of payments.

Payee or Payee Agent Signature

Date

Payee or Payee Agent Name *(Print)*

Payee or Payee Agent Title

For vendor and account verification, submit a copy of the payee's W-9 form and one of the following:

- 1) For deposit to checking; a voided check
- 2) For deposit to savings; a voided deposit slip
- 3) A letter or standardized form from your Bank denoting the name of the bank, name on the account, routing number and account number

Return completed, signed form and requested documents to:

Lake Worth Drainage District
Attn: Lena Owens, Accounts Payable
13081 S. Military Trail
Delray Beach, FL 33484
lowens@lwdd.net

For questions or assistance with this form, contact Lena Owens at lowens@lwdd.net or 561.819.5571.

LAKE WORTH DRAINAGE DISTRICT

Terms and Conditions for Direct Deposit Participation

Please Read This Carefully

The bank account information will remain confidential to the extent provided by law and necessary to make Direct Deposit payments. This form authorizes Lake Worth Drainage District to initiate credit and if necessary, debit entries and adjustments for any credit entries made in error to the account indicated, at the depository financial institution named, and to credit or debit the same from such account. This authority will remain in effect until cancelled in writing. Further, the origination of Automated Clearing House (ACH) transactions to the account must comply with the provisions of state and federal law and regulations.

Information Found on Checks

Most of the information needed to complete this form is printed on your checks. Please ensure that the current address is shown and that the payee's name is written exactly as it appears on the check. Direct Deposits will not be made to an account held in a different name from the payee.

Cancellation

This authorization will remain in effect until cancelled by the payee by written notice to Lake Worth Drainage District, 13081 South Military Trail, Delray Beach, Florida 33484. Upon cancellation by the payee, the payee should also notify the receiving financial institution that the authorization has been cancelled. Additionally, Lake Worth Drainage District expressly reserves the right to discontinue Direct Deposit at any time. This authorization may be cancelled by the financial institution for reason of fraud. If authorization is cancelled at any time, Lake Worth Drainage District must be notified immediately. Violations of these terms and conditions may cause, at a minimum, termination of participation in Direct Deposit.

Financial Institution Information

Provide payee's account number and name or title exactly as they appear in the financial institution's records.

Changing Recipient's Financial Institution

The payee's Direct Deposit authorization form will remain in effect until withdrawn in writing with sufficient notice to Lake Worth Drainage District to allow adequate time to effect termination. Lake Worth Drainage District will not be responsible for any loss which may arise solely by reason of error, mistake or fraud regarding information provided on this Direct Deposit Authorization Form. If the payee or authorized representative changes their financial institution, the payee must provide written notification to Lake Worth Drainage District. Any changes to the existing Direct Deposit Authorization Form, such as the bank account number, will cause the original authorization to be cancelled. A new Direct Deposit Authorization Form must be completed.

W-9

A new or current W-9 will be required along with the Direct Deposit Authorization Form.