

**FIRST 5 FRESNO COUNTY'S
ELECTRONIC FUNDS TRANSFER POLICY AND PROCEDURES**

First 5 Fresno County (F5FC) is pleased to inform you that, effective April 1, 2012, payments from F5FC to service providers/vendors will be made by electronic funds transfer (EFT). This new procedure will help ensure payments are made in the most cost effective and timely manner possible, and reflects F5FC's goal of reducing the cost of processing service provider/vendor payments.

Please find enclosed an EFT authorization form along with instructions. F5FC requires that the attached form be filled out by all service providers and vendors and sent to the following address:

**FIRST 5 FRESNO COUNTY
2405 TULARE STREET, SUITE 200
FRESNO, CA 93721**

To the greatest extent possible, this information contained in this form will be kept confidential and secure. The timely submission of the form is necessary to avoid delays in payments.

If you have any questions, please call your designated F5FC contact via the main line at (559) 558-4900.

Thank you in advance for your support as we make this transition.

Electronic Funds Transfer (EFT) Instructions & Service Provider/Vendor Consent

Payment by Electronic Funds Transfer

First 5 Fresno County (F5FC) will issue payment for goods provided and/or services rendered by electronic funds transfer. Service Provider/Vendor will provide F5FC with a completed EFT authorization form to establish this practice between the parties. Service Provider/Vendor agrees to the following terms:

Authorization

I hereby authorize the Children and Families Commission First 5 Fresno County (also referred to herein as "First 5 Fresno County") to initiate credit or debit entries, and in accordance with F5FC Policies and Procedures, federal and state laws, to initiate adjustments for any credit or debit entries made in error to the account indicated. I hereby authorize the financial institution/bank named, hereinafter called the DEPOSITORY, to credit and/or debit the same to such account.

Duration of Authorization

This authorization agreement is effective as of the signature date and is to remain in full force and effect until F5FC has received written notification from the service provider/vendor or authorized representative of its termination in such time and such manner as to afford F5FC and the DEPOSITORY a reasonable opportunity to terminate such service. F5FC will continue to send ACH credits or debits to the authorized DEPOSITORY until notified in writing by service provider /vendor of a change to the DEPOSITORY receiving such ACH credits or debit entries. If DEPOSITORY information changes, service provider /vendor agrees to submit to F5FC an updated EFT Authorization Agreement.

I have reviewed the EFT instructions described herein and consent to its terms.

Print Name of
Person w/Authority

Title

Signature

Date



**FIRST 5 FRESNO COUNTY
ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM**

Service Provider/Contractor/Vendor Contact Information:

Name: _____ Contract # (if applicable): _____
 Address: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

Financial Contact (if applicable):	Alternate Contact (if applicable):
Name: _____	Name: _____
Title: _____	Title: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Bank Account Information:

Type of Account (Please Check): Checking Account Savings Account

Bank Name: _____

Routing No.

Account No.

Terms and Conditions:

I authorize First 5 Fresno County (F5FC) to initiate credit entries into the account and financial institution indicated above.

I understand and agree that the origination of any and all Automated Clearing House (ACH) transactions must comply with the applicable provisions of federal and state law.

I understand that deposits will be made to the account and financial institution indicated above approximately two (2) days after the processing date and that any delays in this process are outside of the control of F5FC.

I understand and agree that this authorization will remain in effect until F5FC receives written notification from me of its termination in such time and in such manner as to afford F5FC and the banking institution indicated above a reasonable opportunity to terminate such service.

Authorization

I agree to the terms and conditions indicated above.

_____	_____	_____	_____
Print Name of Person w/Authority	Title	Signature	Date

Please submit this form to:
 FIRST 5 FRESNO COUNTY
 2405 TULARE STREET, SUITE 200
 FRESNO, CA 93721