
MEMO

Date: June 7, 2023

To: All Valued Collaborators

From: Cory Sanchez, Bookkeeper AP and AR

Subject: Important Update - Transition to ACH for All Banking Transactions

We hope this memo finds you well. We are writing to inform you about an important update regarding TCHSC banking transactions. As part of our continuous efforts to improve our services, we are transitioning to the Automated Clearing House (ACH) system for all banking transactions.

Please see the attached form. Effective June 15th, 2023, all financial transactions, including payments, refunds, and any other monetary exchanges, will be processed through ACH. This change will bring several advantages to both our organization and our valued collaborators.

Benefits include:

- Speed and Efficiency
- Enhanced Security
- Convenience and Flexibility for Both Parties

To ensure a smooth transition, we kindly request you to update your account information with the most accurate and up-to-date banking details. This will ensure that future transactions are processed seamlessly through the ACH system. If you have any concerns or require assistance with updating your account information, I will be happy to assist you.

We understand that change can be challenging, however, this transition to ACH will improve our overall banking operations resulting in a more efficient and secure experience for all. If you have any questions or need further clarification, please do not hesitate to call me.

Thank you for your continued support and understanding during this transition. We greatly value you and look forward to serving you with improved banking services!

Yours sincerely,
Cory Sanchez

Attachment (1)

ACH Authorization Form

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Treasure Coast Homeless Services Council (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such a time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution, Branch, City, State & Zip)

(Signature)

(Date)

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

Financial Institution Routing Number: _____

Checking/Saving Account Number: _____

These numbers are located on the bottom of your check as follows:

⑆ 123456789 ⑆ 1234567890123 ⑆
Routing Number Account Number