



This is to certify my request for an electronic signature. An electronic signature is similar to your handwritten signature. Through the use of an electronic signature, you agree the information you provide is accurate and complete to the best of your knowledge. You also acknowledge you have read and understand the following statements. Please read these notices before providing us with your request for your electronic signature:

- Any and all information submitted on my behalf shall be true, accurate, and complete. I accept total responsibility for the accuracy of all information submitted to the web site.
- The undersigned will hold harmless and indemnify the Georgia Babies Can't Wait Early Intervention program and/or its Fiscal Agent Contractor from any and all claims, actions, damages, liabilities, costs and expenses, including reasonable attorneys' fees and expenses, which arise out of or are alleged to have arisen out of or as a consequence from the utilization of the web site.
- I further acknowledge utilization of the web site does not alter my continuing obligation to comply with all applicable requirements of the Central Finance Office Service Provider Agreement and Riders which I have signed including but not limited to those requirements pertaining to payments, claims, timelines, confidentiality, privacy, records and records retention.
- I agree to immediately notify the Central Finance Office (CFO) via phone and mail if my password to this web site is lost, stolen, misplaced or has been compromised. I understand it is my responsibility to use the information provided to me on this web site for its intended purposes and to protect any password(s) issued to me.
- I agree to adhere to the stipulations and conditions outlined in the Family Educational Rights and Privacy Act (FERPA).
- I understand violation of any of the provisions of this Agreement shall subject me to the actions set out in the Georgia Babies Can't Wait Early Intervention program policy regarding Central Finance Office Provider disenrollment and shall make access to the web site subject to immediate revocation at the Program's discretion.
- I understand access will not be granted to the web site without this Agreement.
- I certify I am in compliance with the Central Finance Office Service Provider Agreement and Riders.
- I warrant I have the authority to make this agreement.

(All information below is required to be completed.)

Agency/Independent Provider Information	
Agency/ Independent Provider/Self-Employed Name	Agency/ Independent Provider/Self-Employed Tax ID
Authorized Official Signature and Date	Authorized Official (printed) and Title
Provider or User Information	
Provider/User Signature and Date	Provider/User Signature (printed)
Provider/User Email Address	

Please complete this Agreement and submit to your District

Central Finance Office
Phone: 855-708-6612