

EARLY LEARNING COALITION OF FLAGLER AND VOLUSIA COUNTIES
ELECTRONIC FUNDS TRANSFER

Authorization Agreement for Automatic Deposit of Child Care Provider Payments

This form authorizes the Early Learning Coalition of Flagler and Volusia Counties to deposit provider payments directly into the bank account listed below, and if necessary, reverse any incorrect credit entries made in error related to the Florida School Readiness Child Care Program. I agree to resubmit this form immediately if this bank or bank account changes or if I decide to stop direct deposit.

Check One: New Application Change Direct Deposit Information

Provider Information: (Please Print Clearly)

Name of Provider or Business: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Daytime Telephone Number (_____) _____

Provider Identification Number: _____

Tax ID Number or SSN

Financial Institution Information:

Name of Bank: _____

Bank's City: _____ State: _____ Zip Code _____

Telephone Number of Bank (_____) _____

Account Information: (Circle one) Checking OR Savings

Bank Transit / Routing Number: _____

(Ask bank for the transit/routing number for direct deposit)

Bank Customer Information:

Bank Account Number _____

Name of Bank Account Holder (Please Print Clearly) _____

PLEASE ATTACH VOIDED CHECK TO THIS APPLICATION

Signature of Provider: _____ **Date:** _____