



Direct Deposit / Electronic Funds Transfer Authorization

Check ONE reason for completing form:

- Requesting Participation in SR or VPK Program
Changing existing Direct Deposit Information

Provider Information:

Provider Name as written on Form OEL-SR20 (Contract)
Provider's Mailing Address for Financial Information
Provider's City, State Zip

Contact Person for Financial Information (Your Office or Finance Manager):

Name
Title
E-mail Address:
Phone Number

Provider Bank Account Information:

Provider Financial Institution:
Provider Account Type: (Check one) Checking OR Savings

ATTACH A VOIDED CHECK OR DIRECT DEPOSIT AUTHORIZATION FORM PROVIDED BY FINANCIAL INSTITUTION

I hereby authorize The Early Learning Coalition of Flagler and Volusia Counties Inc. to deposit payments directly to the bank account identified above and, if necessary, reverse any payments made in error related to participation in the Florida School Readiness Program or Voluntary Prekindergarten.

Signature of Provider Contact Person Named Above:

Signature Title
Print Name Date

Upload this form and a Voided Check (or DD Authorization Form obtained from your bank) to the:
'BUSINESS- Direct Deposit Form & Voided Check' folder
in the Document Library of your Statewide Provider Portal Account