

Authorization for Automatic Deposit of Child Care Provider Payments

This form authorizes the Early Learning Coalition of Santa Rosa County to deposit child care 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 or VPK programs. 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

Child Care Provider Information: (please print clearly)

Name of Provider or Business	_____		
Mailing Address	_____		
City	_____ State	_____ Zip	_____
Daytime Telephone Number (_____)	_____		
Provider Identification Number	_____		
	Tax ID Number or SSN		

Information on Financial Institution:

Name of Bank	_____		
Address	_____		
Bank's City	_____ State	_____ Zip	_____
Telephone Number of Bank (_____)	_____		
Account Information (Check one):	<input type="checkbox"/> Checking	OR	<input type="checkbox"/> Savings
Bank Transit / Routing Number	_____		
	(Ask bank for the transit/routing number for direct deposit)		
<i>Bank Customer Information:</i>			
Bank Account Number	_____		
Name of Bank Account Holder (please print clearly)	_____		

Please attach voided check to this application

Signature of Provider _____ Date: ____/____/____

Submit completed form to:

**ELC of Santa Rosa County
6460 Justice Avenue
Milton, FL 32570
Attn: Cindy Schundelmier**