



**Early Learning Coalition Of
Indian River, Martin & Okeechobee Counties
10 SE Central Parkway #200
Stuart, FL 34994**

Phone: (772) 220-1220 (877) 220-1223 Fax: (772) 220-1229

Direct Deposit

**Authorization Agreement for Automatic Deposit
Of Child Care Provider Payments**

This form authorizes the Reimbursement agent 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 provider payments. 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 NO CHANGES – New Contract Year
(Please do not complete form if there are **no** changes at this time)

Child Care Provider Information: (please print clearly)

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

Information on Financial Institution:

Name of Bank: _____
Bank Address: _____
Bank's City: _____ State: _____ Zip: _____
Telephone Number of Bank: _____ - _____ - _____
Checking Acct [] Savings Acct [] 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 A VOIDED CHECK OR DEPOSIT SLIP (SAVINGS ACCOUNT ONLY) TO THIS APPLICATION

Signature of Provider

Date