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	tion
Care Provider Inform	ation: (please print clearly))	
Name of Provider or Busin	ness		
	State		
	per ()		
	mber		
	Tax ID Number or SS	5N	
nation on Financial In	stitution:		
	stitution:		
Name of Bank			
Name of Bank			
Name of Bank Address Bank's City		Zip	
AddressBank's City Telephone Number of Bar	State	Zip	
Name of Bank Address Bank's City Telephone Number of Bar Account Information (<i>Che</i>	State	Zip	
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Name of Bank Address Bank's City Telephone Number of Bar Account Information (<i>Che</i> Bank Transit / Routing Nu	State ok () ck one):	OR Savings	_
Name of Bank Address Bank's City Telephone Number of Bar Account Information (<i>Che</i> Bank Transit / Routing Nu Bank Customer Information Bank Account Number	State ok () ck one):	Zip OR □ Savings routing number for direct depos	 it)

Return this form by <u>fax</u> to Laura Cauley at 850-916-5423 <u>or email</u> to Cauley@elcsantarosa.org. You may also drop off in person at the Coalition office in Gulf Breeze or in Milton during business hours.