



**ELECTRONIC FUNDS TRANSFER  
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT OF CHILD CARE PROVIDER PAYMENTS**

It is required that early childhood providers who contract with the Early Learning Coalition utilize direct deposit to be paid for providing School Readiness services. Please provide your banking information below.

This form authorizes Truist, as the official Financial Agent of ELCPH 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 ELCPH. 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 IN 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 Social Security Number

***Information on Financial Institution***

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

**PLEASE ATTACH VOIDED CHECK SEPERATELY**

Signature of Provider \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_