

EARLY LEARNING COALITION of PASCO & HERNANDO COUNTIES, INC.

ELECTRONIC FUNDS TRANSFER

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT OF CHILD CARE PROVIDER PAYMENTS

This form authorizes SunTrust, 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 (Check One): <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>
<u>Bank Customer Information:</u>
Bank Account Number _____
Name of Bank Account Holder (Please print clearly) _____
<i>Please attach voided check to this application</i>

Signature of Provider _____

Date ____/____/____

Submit Completed Form To:
Early Learning Coalition of Pasco & Hernando Counties, Inc.
15506 County Line Road
Spring Hill, Florida 34610