

Early Learning Coalition



of Pinellas County, Inc.

Finance Department Agreement for Electronic Funds Transfer (EFT) For Child Care Provider Payments

This form authorizes Early Learning Coalition to deposit childcare provider payments directly into the bank account listed below. I agree to resubmit this form by the 6th day of the month for any bank account changes. If notice is not received by the 6th day of the month, reimbursement could be delayed.

NOTE: The effective date of the direct deposit may take one month to process following receipt of this information.

Please check one: New Application Change Direct Deposit Information

Please check all that apply: School Readiness VPK

Child Care Provider Information:

Provider Name	_____				
Address	_____				
City	_____	State	_____	Zip	_____
Telephone Number:	_____				
Provider Identification Number:	_____	(FEIN or SSN)			

Financial Institution Information:

Name of Bank:	_____				
Address:	_____				
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)			
<u>Bank Customer Information:</u>					
Bank Account Number	_____				
Name of Bank Account Holder (please print clearly)	_____				
* A voided check or savings deposit slip must accompany this application*					
Signature of Provider	_____	Date:	___/___/___		

Submit completed form to:

Early Learning Coalition
Finance Department
5735 Rio Vista Dr
Clearwater, FL 33760
Fax (727) 548-1509