



**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 6<sup>th</sup> day of the month for any bank account changes. If notice is not received by the 6<sup>th</sup> 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.**

<p><b>Please check all that apply:</b>    <input type="checkbox"/> <b>New Application</b>            <input type="checkbox"/> <b>Change Direct Deposit</b>  <input type="checkbox"/> <b>School Readiness</b>            <input type="checkbox"/> <b>VPK</b></p>
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**Child Care Provider Information:**

Provider Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Provider Identification Number (FEIN) \_\_\_\_\_

**Financial Institution Information:**

Name of Bank \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone Number of Bank \_\_\_\_\_  
 Account Information (check one)     Checking                             Savings  
 Bank Transit / Routing Number \_\_\_\_\_  
*(Ask bank for the transit/routing number for direct deposit)*

**Customer Banking Information:**

Name of Bank Account Holder \_\_\_\_\_  
*(please print clearly)*  
 Bank Account Number \_\_\_\_\_  
 Signature of Provider \_\_\_\_\_ Date \_\_\_\_\_  
 Electronic Signature

<p><b><u>A voided check or direct deposit letter from banking institution must accompany this application</u></b></p>	<p><b><u>Submit completed form to:</u></b>  <a href="https://providerservices.floridaearlylearning.com">https://providerservices.floridaearlylearning.com</a>          Upload completed form to the Documents Library under          the EFT folder</p>
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