



Early Learning Executive Office:  
1130 N. Eglin Parkway  
Shalimar, Florida 32579  
Office: (850) 833-3627  
Fax: (850) 833-3632

### Authorization for Direct Deposit

This form authorizes the Early Learning Coalition of The Emerald Coast to deposit payments directly into the bank account listed below. I agree to resubmit this form immediately if this bank or bank account changes. **A voided check or an authorization form from your Financial Institution must be attached.**

Check one:  New application  Change direct deposit

#### Child Care Provider Information: *(please print clearly)*

\*Name of Provider or Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(mm/dd/yy)*

\*Provider Identification Number: \_\_\_\_\_  
*Tax ID Number or SSN*

\*Must be identical to the information provided on the Form W-9.

#### Information on Financial Institution:

Name of Bank: \_\_\_\_\_

Bank's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Account Information (check one):  Checking  Savings  Other

Bank Transit / Routing Number: \_\_\_\_\_  
*(Ask bank for transit/routing number for direct deposit)*

#### **Bank Customer Information:**

Bank Account Number: \_\_\_\_\_

Name of Bank Account Holder *(please print clearly)*: \_\_\_\_\_

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Return to: ELC of The Emerald Coast  
Attn: Finance/Compliance Department**