



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

Personal or Business Information: (please print clearly)

*Name of Person 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: _____ Date: ____/____/____

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