



**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 all that apply: New Application Change Direct Deposit
 School Readiness VPK

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

**A voided check or direct deposit letter
from banking institution must accompany
this application**

Submit completed form to:
<https://providerservices.floridaearlylearning.com>
Upload completed form to the Documents Library under
the EFT folder