



Direct Deposit Authorization Form

Provider Name: _____

Address: _____

Name of Bank: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Checking Account Number: _____
(Attach a voided check)

ABA Routing Number: _____
(The ABA Routing Number is printed on your checks in the lower left hand corner next to the account number)

OR

Savings Account Number: _____

I, _____, hereby authorize Community Coordinated Care for Children, Inc. (4C), on behalf of the Early Learning Coalition of Orange County, to directly deposit my reimbursement checks into the bank account(s) identified above.

Authorized Signature

Date

This form must be accompanied by a voided check or deposit slip, completed with your School Readiness application, and submitted to:

**Early Learning Coalition of Orange County
Attn: Provider Relations
P.O. Box 540387
Orlando, FL 32854-0387**

Please contact Suzanne Riccaboni if you have any questions regarding School Readiness and/or Voluntary Pre-Kindergarten payments. She can be reached by phone at (407) 532-4331. Thank you for supporting our community and our children through your School Readiness and Voluntary Pre-Kindergarten programs.