



EARLY LEARNING COALITION OF ORANGE COUNTY

2016-2017

July 1, 2016 – June 30, 2017

Direct Deposit Authorization Form



NEW PROVIDER **EXISTING PROVIDER: Vendor #** _____ Same Account Update Account

Select the program for this Deposit Authorization: **SR & VPK** **SR Only** **VPK Only**

Provider Name: _____

Address: _____

Name of Bank: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Checking Account **Savings Account**

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

Checking Account Number: _____
 (Attach a Pre-Printed Voided Check or Bank Letter stating the account information)

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 identified above.

Authorized Signature

Date

**Please complete the form in its entirety and submit with the requested documents.
 Incomplete forms will not be accepted**

This form must be accompanied by a voided check or bank letter, and completed with your School Readiness (SR) and/or Voluntary Pre-Kindergarten (VPK) application, and submitted to:

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

Thank you for supporting our community and our children through your School Readiness and Voluntary Pre-Kindergarten programs.