



EARLY LEARNING COALITION OF ORANGE COUNTY

2018-2019

July 1, 2018 – June 30, 2019

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 upload with a voided check or bank letter in your online provider portal. Please upload in the section for Banking and Direct Deposit Information in the Document Library Management.

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