



EARLY LEARNING COALITION OF ORANGE COUNTY

**2024 - 2025**

July 1, 2024 – June 30, 2025

**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 the Early Learning Coalition of Orange County (ELCOC), to directly deposit my reimbursement payments as well as any other payments 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.