



**EARLY LEARNING COALITION**  
OF ORANGE COUNTY  
**Direct Deposit Agreement Form**

Authorization Agreement

I hereby authorize Early Learning Coalition of Orange County, Inc. to initiate automatic deposits to my account at the financial institution named below. I understand that if funds to which I am not entitled are deposited to my account, ELCOC will request the return of those funds.

Further, I agree not to hold Early Learning Coalition of Orange County, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Early Learning Coalition of Orange County, Inc. receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Finance Department.

**Please attach a voided check or a direct deposit form from your bank.**

Payee Information - Please provide business name and address

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, and ZIP \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Business Bank Account Information

Bank Name, City, State \_\_\_\_\_  
Routing Number \_\_\_\_\_  
Account Number \_\_\_\_\_  Checking  Savings  
Check One

Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a voided check or bank direct deposit form.  
Payment will not be processed without a second form of verification.**