



Direct Deposit Authorization Form

This form authorizes the Early Learning Coalition of Manatee County to deposit child care payments directly into the bank account listed below. If any of the below information changes, you must resubmit this form.

A voided check is required when submitting this form. Staple the check in the area provided below.

Provider Information

Legal Business Name _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

EIN/Social Security # _____

Banking Information

Account Type: Checking Savings

Bank Transit/Routing Number _____

Bank Account Number _____

Name of Bank Account Holder _____

Name of Bank _____

Address _____

City _____ State _____ Zip _____ Phone _____

Provider Signature

Date

Staple voided check here