



EARLY LEARNING COALITION  
OF POLK COUNTY

**Authorization Agreement for Automatic Deposit**

This form authorizes Early Learning Coalition of Polk County to deposit provider payments directly into the bank account listed below. This form also authorizes the reversal of any incorrect entries made in error related to the Florida Subsidized Child Care program or Florida Voluntary Pre-Kindergarten program.

Please fill in **ALL** the information below to **set up a permanent ACH wire.**

New Application \_\_\_\_\_

Change Application \_\_\_\_\_

Provider Name \_\_\_\_\_

Provider Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Tax ID/SSN \_\_\_\_\_

Provider Fax Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Name of Bank \_\_\_\_\_

Bank ABA/Routing Number \_\_\_\_\_

Name of Bank Account Holder \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Checking or Saving Account \_\_\_\_\_

Telephone Number of Bank/Contact Person \_\_\_\_\_

***Please attach a voided check or deposit slip to complete this application***

Signature of Authorized Signer \_\_\_\_\_

Print Name of Authorized Signer \_\_\_\_\_

Please complete form and return to:  
Early Learning Coalition of Polk County  
115 S. Missouri Ave., Suite 501  
Lakeland, FL 33815  
Attention: Fiscal Department