EARLY LEARNING COALITION OF SARASOTA COUNTY
Child Care Connection of Sarasota
2886-C Ringling Blvd, Sarasota, FL 34237 **Phone: (941) 556-1600 Fax: (941) 556-1606**

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

Authorization Agreement for Automatic Deposit of Child Care Provider Payments

This form authorizes **Wachovia**, as the official **Early Learning Coalition of Sarasota County*** Agent, to deposit child care provider payments directly into the bank account listed below, and if necessary, reverse any incorrect credit entries made in error related to the **Early Learning Coalition of Sarasota County*.** I agree to resubmit this form immediately if this bank or bank account changes or if I decide to stop direct deposit.

Check One: ☐ New Authorization Agreement ☐ Stop Direct Deposit Request ☐ Decline EFT

☐ Change Direct Deposit Information – Reason (required): _____

ALL BELOW INFORMATION IS REQUIRED

Please attach a VOIDED CHECK for the new account to this application – failure to do so may result in a delay in your provider reimbursement.

Child Care Provider Information: ***(please print clearly)***

Name of Provider or Business _____

Mailing Address _____

_____

City State Zip

Name of Authorized Financial Representative (*please print clearly*)

_____ Title _____

Daytime Telephone Number (_____) ____ - _____

CCCoS Provider ID Number _____ Date of Birth ____ /____/ _____
(Tax ID Number or SSN) *(if applicable)* *(mm/dd/yy)*

Information on Financial Institution*:*

Name of Bank _____

Bank's Address _____

_____

City State Zip

Telephone Number of Bank (_____) ____ - _____

Account Information (*Check one*): ☐ Checking OR ☐ Savings

Bank Transit / Routing Number _____
(*Ask bank for transit/routing number for direct deposit)*

Bank Customer Information:

Bank Account Number _____

Name of Bank Account Holder (please print clearly)_____

Signature of Authorized Financial Representative _____

Title _____ Date _____

Submit Completed form by the 25th of the month to:

Child Care Connection of Sarasota
2886-C Ringling Blvd
Sarasota, FL 34237
Fax: (941)556-1606

*Formerly the School Readiness Coalition of Sarasota County, Inc.

For Office Use Only

Request Received by:_____

Date Received: _____ Date Effective _____