



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
1765 N. Broadway Ave.
Bartow, FL 33830
Attention: Fiscal Department