



**Early Learning Coalition of Marion County, Inc.**  
**Authorization Agreement for Automatic Deposit of School Readiness and**  
**Voluntary Pre-kindergarten Provider Payments**

This form authorizes Florida Citizens Bank, as the official Financial Agent of the Early Learning Coalition of Marion County, Inc., to deposit School Readiness and Voluntary Pre-kindergarten (VPK) Program 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 Marion County, Inc. School Readiness or VPK program. I agree to resubmit this form immediately if this bank or bank account information changes.

*Check One:*    New Application                      Change of Information

*Provider Information: (please print clearly)*

Name of Provider or Business _____	
Mailing Address _____	
City _____	State _____ Zip _____
Daytime Telephone Number (____) _____	Date of Birth ____/____/____ <i>(if applicable) (mm / dd / yy)</i>
Provider Identification Number _____	Tax ID Number or SSN _____

*Information on Financial Institution*

Name of Bank _____	
Bank's City _____	State _____ Zip _____
Telephone Number of Bank (____) _____	
Account information ( <i>Check One</i> ):    Checking            OR            Savings	
Bank Transit/Routing Number _____ <i>(Ask bank for the transit/routing number for direct deposit)</i>	
<u><i>Bank Customer Information:</i></u>	
Bank Account Number _____	
Name of bank Account Holder ( <i>Please print clearly</i> ) _____	

***Please attach a voided check to this application***

Signature of Provider \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Submit completed form to:**  
Early Learning Coalition of Marion County, Inc.  
3304 SE Lake Weir Ave Suite #2  
Ocala, FL 34471