



**CHILDHOOD DEVELOPMENT SERVICES, INC.  
SCHOOL READINESS SUBSIDY CHILD CARE  
ELECTRONIC FUNDS TRANSFER**

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT OF CHILD CARE PROVIDER PAYMENTS**

This form authorizes SunTrust, as the official Financial Agent of CDS School Readiness Subsidy Child Care, 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 CDS School Readiness Subsidy Child Care. 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 APPLICATION     CHANGE IN DIRECT DEPOSIT INFORMATION

**VOUCHERING COUNTY:** \_\_\_\_\_

***Child Care Provider Information: (Please Print Clearly)***

Name of Provider or Business _____		
Mailing Address _____		
City _____	State _____	Zip _____
Daytime Telephone Number (____) _____		
Provider Identification Number _____		Tax ID Number or Social Security Number _____

***Information on Financial Institution***

Name of Bank _____		
Bank's City _____	State _____	Zip _____
Telephone Number of Bank (____) _____		
Account Information ( <i>Check One</i> ): <input type="checkbox"/> Checking    OR <input type="checkbox"/> Savings		
Bank Transit/Routing Number _____		( <i>Ask bank for the transit/routing number for direct deposit</i> )
<b><u>Bank Customer Information:</u></b>		
Bank Account Number _____		
Name of Bank Account Holder ( <i>Please print clearly</i> ) _____		
<b><i>Please attach voided check to this application</i></b>		

**Signature of Provider** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Submit Completed Form To:**  
**Childhood Development Services, Inc.**  
**1601 NE 25 Avenue, Suite 900**  
**Ocala, Florida 34470**