



Early Learning Coalition of Marion County, Inc.

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Early Learning Coalition of Marion County, Inc. to initiate automatic deposits to my account at the financial institution named below. I also authorize Early Learning Coalition of Marion County, Inc. to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Early Learning Coalition of Marion County, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until I submit a new direct deposit form to the Finance Department, or Early Learning Coalition of Marion County, Inc. receives a written notice of cancellation from me or my financial institution, or until the termination of the contract, whichever comes first.

Check one: New Application Change of Information

Provider Information

Name of Provider or Business: _____

Mailing Address _____

City, State, and ZIP _____

Daytime Telephone Number: _____

Provider Identification Number _____ FEIN SSN
Check One

Account Information

Name of Financial Institution: _____

Routing Number: _____ Business Personal
Check One

Account Number: _____ Checking Savings
Check One

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

NOTE: Authorized signature is that of the person or persons who is authorized to sign on the bank account, not necessarily the child care center Director.

Please attach a voided check and return this form to:
Early Learning Coalition of Marion County, Inc.
Finance Department
2300 SW 17th Rd
Ocala, FL 34471