



# 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 \_\_\_\_\_

Email address to send notification of deposits: \_\_\_\_\_

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 17<sup>th</sup> Rd  
Ocala, FL 34471