

Early Learning Coalition of the Nature Coast

Electronic Funds Transfer

**Authorization Agreement for Automatic Deposit of  
Voluntary Pre-Kindergarten Provider Payments**

This form authorizes Capital City Bank as the official Financial Agent of the Early Learning Coalition of the Nature Coast, to deposit Voluntary Pre-Kindergarten provider payments directly into the bank account listed below, and if necessary, reverse any incorrect credit entries made in error related to Early Learning of the Nature Coast. 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 Direct Deposit Information

*Voluntary Pre-Kindergarten Provider Information: (please print clearly)*

Name of VPK Provider: _____	
Mailing Address: _____	City: _____ State: _____ Zip _____
Daytime Telephone Number (352) _____	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> ): <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>
<u><i>Bank Customer Information:</i></u>
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 VPK Director/ \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorized Signatory

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Early Learning Coalition of the Nature Coast  
Voluntary Pre-Kindergarten Program