



Electronic Funds Transfer (EFT) Authorization

Authorization Agreement for Automatic Deposit of Provider Payments

This form authorizes Wells Fargo, as the official Early Learning Coalition of Sarasota County Agent, to deposit 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 Sarasota County. 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 Authorization Agreement Stop Direct Deposit Request Decline EFT
 Change Direct Deposit Information (please explain): _____

ALL BELOW INFORMATION IS REQUIRED

Please attach a voided check to this application – failure to do so may result in a payment delay.

Provider Information (please print clearly)

Provider Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Name of Provider Financial Representative: _____

Phone Number: _____ Provider ID Number: _____

Tax ID Number: _____

Information on Financial Institution

Name of Bank: _____

Bank's Address: _____

City: _____ State: _____ Zip: _____

Bank's Telephone Number: _____

Account Information: Checking **OR** Savings Routing Number: _____

Account Number: _____

Name of Bank Account Holder: _____

Signature of Provider Financial Representative: _____

Date: _____

*For ELC Office Use Only

Request Received by: _____

Date Received: _____ Date Effective: _____