



**State of Florida
Authorization Agreement for Automatic Deposit of Child Care Provider Payments**

This form authorizes Citibank as the official Florida Child Care Program Financial Agent, to deposit childcare provider payments directly into the bank account listed below, and if necessary, reverse any incorrect credit entries made in error related to the Florida Child Care Program. 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

Child Care Provider Information: (please print clearly)

| | | |
|--|-------------|--|
| Name of Provider or Business _____ | | |
| Mailing Address _____ | | |
| City _____ | State _____ | Zip _____ |
| Daytime Telephone Number (____) _____ | | Date of Birth ____/____/____ If Applicable (mm/dd/yyyy) |
| Provider Identification Number _____ Federal Tax ID Number or SSN | | |

Information of Financial Institution:

| | | |
|--|-------------|-----------|
| Name of Bank _____ | | |
| Address _____ | | |
| 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 _____ (Ask bank for the transit/routing number for direct deposit) | | |
| <u><i>Bank Customer Information:</i></u> | | |
| Bank Account Number _____ | | |
| Name of Bank Account Holder (<i>please print clearly</i>) _____ Please attach voided check to this agreement | | |

Signature of Provider _____ Date ____/____/____
mm/dd/yyyy

Submit completed form to:

**Early Learning Coalition of Northwest Florida, Inc
703 W. 15th Street, Suite A
Panama City, Florida 32401**