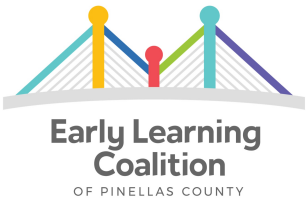

Direct Deposit Authorization Form

Personal Information

Name:

Address:

City, State, Zip:

Phone:

Tax ID Number:

(Use SSN if no Tax ID)

Bank Information

Bank Name: Routing

Number: Account

Number: Account

Type: Checking

Signature:

Date:

Please attach a voided check or bank verification letter.

Return completed form to:
The Early Learning Coalition of Pinellas County, Inc. Attention:
Jennifer Murphy
2536 Countryside Boulevard, Suite 500
Clearwater, Florida 33763

Email: jmurphy@elcpinellas.org

If you are a provider, please also upload to the EFT folder in the Document Library.