

DIRECT DEPOSIT FORM
EARLY LEARNING COALITION OF SOUTHWEST FLORIDA



Provider Name: _____

Name of Bank: _____

Type of Account: Checking _____ Savings _____

Attach voided check if Checking Account selected; Attach deposit slip if Savings Account Selected

Provider Signature: _____ Date: _____

For ELC Only:

Date account changed in AP:

County: _____ Vendor #: _____

Updated by: _____