



DIRECT DEPOSIT AUTHORIZATION FORM
EARLY LEARNING COALITION OF LAKE COUNTY
1300 CITIZENS BLVD, STE 206, LEESBURG, FL 34748

Facility Name: _____

Name of Bank: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Checking/Saving Account Number: _____

Please Select: Checking Savings

ABA Routing Number: _____

The bank routing number (ABA) is printed on your checks in the lower left hand corner next to the account number.

Please attach a voided check and/or savings account deposit slip for verification of bank information and bank account number

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VPK PROVIDERS ONLY

I choose to elect the VPK Reimbursement Only payment method. This payment method is based on actual attendance.

I choose to elect the VPK Advance Payment Only* payment method. This payment method is based on projected attendance and reconciled monthly.

** Please note that if you have not previously selected the VPK Advance Payment Only payment method you are not eligible to elect this payment method.*

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I, _____, hereby authorize the Early
DIRECTOR OWNER NAME

Learning Coalition of Lake County, to directly deposit my Reimbursement checks into the bank account as identified above. I agree to the current policy that states that I am responsible to pay back the Early Learning Coalition of Lake County for any documented overages of payment.

Director/Owner Signature: _____ Date: _____