



BANKING INFORMATION

It is required that early childcare providers who contract with Early Learning Coalitions utilize direct deposit (Electronic Funds Transfer-EFT) through the provider's banking institute to be paid for School Readiness & Voluntary Pre-Kindergarten services. Exceptions must be approved in writing by the Executive Director. Please provide your banking information below.

NOTE: Please upload this form and a copy of a voided check or documentation from provider's bank verifying Account Holder's Name, Account Number, and Routing Number to your provider portal in the documents library.

Bank Name	Name of the Account
Account Type: (Check One) Business _____ Personal _____	____ Checking Account ____ Savings Account
Bank Address	Bank Account Number
	Bank Routing Number
Bank Phone Number	Name of Authorized Signer
	Name of 2nd Authorized Signer (if applicable)

Thank you for your cooperation in gathering this important information. You may contact this office at any time to update your information. Banking changes may result in an EFT payment delay due to banking requirements. Your reimbursement specialist is available to answer any questions you might have.

Comments/Questions:

Director/Operator signature: _____ **Date:** _____

Coalition Use Only:

☐ No Change to Bank Info/Bank Info Verified in EFS

☐ Bank Info Changed/ EFS Updated/Changed

☐ New Provider- Date entered in EFS

Processed by (Coalition Staff Signature): _____ **Date:** _____