



Banking Information

FY 2025-2026

It is required that early childcare providers who contract with Early Learning Coalition utilize direct deposit (electronic funds transfer (EFT) through the provider's banking institute to be paid for School Readiness and VPK 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) | <input type="checkbox"/> Checking Account |
| Business <input type="checkbox"/> Personal <input type="checkbox"/> | <input type="checkbox"/> Savings Account |
| Bank Address: | Account Number: |
| | 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:

- ☐ **Returning Provider -No Change to Bank Info (Bank Info Verified by attached Bank Letter or Voided Check)**
- ☐ **New Provider - (Bank Info Verified by attached Bank Letter or Voided Check)**
- ☐ **Provider Bank Info Changed/ Updated - (Bank Info Verified by attached Bank Letter or Voided Check)**

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