

**Coordinated Child Care of Pinellas, Inc.**  
**Finance Department Agreement for Electronic Funds Transfer (EFT)**  
**For Child Care Provider Payments**

This form authorizes Coordinated Child Care to deposit childcare provider payments directly into the bank account listed below. I agree to resubmit this form by the 6<sup>th</sup> day of the month for any bank account changes. If notice is not received by the 6<sup>th</sup> day of the month, reimbursement could be delayed.

**Check One:**    New Application       Change Direct Deposit Information

NOTE: The effective date of the direct deposit may take one month to process following receipt of this information.

**Check all that apply:**      School Readiness       VPK       Food Program

***Child Care Provider Information:***

Provider Name _____
Address _____
City _____ State _____ Zip _____
Telephone Number _____
Provider Identification Number _____ (FEIN or SSN)

***Financial Institution Information:***

Name of Bank _____
Address _____
City _____ State _____ Zip _____
Telephone Number of Bank _____
Account Information ( <i>Check one</i> ): <input type="checkbox"/> Checking      OR <input type="checkbox"/> Savings
Bank Transit / Routing Number _____ ( <i>Ask bank for the transit/routing number for direct deposit</i> )
<b><u>Bank Customer Information:</u></b>
Bank Account Number _____
Name of Bank Account Holder ( <i>please print clearly</i> ) _____
<b>* A voided check or savings deposit slip must accompany this application *</b>

Signature of Provider \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Submit completed form to:**

Coordinated Child Care of Pinellas, Inc.  
Finance Department  
10601 Belcher Road South  
Largo, FL 33777  
Fax (727) 547-2972 / (727) 547-2955