



Community Coordinated Care for Children, Inc.
307 W. First Street
Sanford, FL 32771
Phone: 321-832-6400 * Fax: 321-832-6431

Direct Deposit Authorization

Provider Name: _____

Checking Account Number: _____

Name of Bank: _____

Bank Address: _____

City: _____ State: _____

Zip: _____

ABA Routing Number: _____

.....

Savings Account Number: _____

Name of Bank: _____

Bank Address: _____

City: _____ State: _____

Zip: _____

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 numbers.

I, _____, hereby authorize
Community Coordinated Care for Children, Inc. to directly deposit my Reimbursement
checks into the bank account(s) as identified above.

Provider Signature: _____ Date: _____



Sponsored by the Early Learning Coalition of Seminole
Agency for Workforce Innovation * State of Florida
Contract services provided by Community Coordinated Care for Children, Inc.

