



VENDOR

ACH REQUEST FORM

I authorize The Early Learning Coalition of Southwest Florida, Inc. to electronically debit my account for monthly reimbursement:

Select One:

☐ Checking Account

☐ Savings Account

Depository Name:

Routing Number:

Account Number:

I understand that this authorization will remain in full force and effect until I notify in writing that I wish to revoke or change this authorization. I agree that ACH transactions authorized by the Coalition comply with all applicable laws.

Director/Owner Name:

Provider/center name:

Date:

Provider ID:

Signature: _____

Vendor ID: