



# ELECTRONIC FUNDS TRANSFER FORM

Name \_\_\_\_\_

**Instructions: Complete all fields on the form and attach a voided check with your name and address.**

Social Security Number: \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Bank Account Type (select one)**

Checking

Savings

Routing Number

Account Number

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

By Electronic Signature

Account Holder Signature (if different than provider) \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

By Electronic Signature

This form authorizes the Early Learning Coalition of The Big Bend Region, Inc. (Coalition) to deposit payments directly into your checking or savings accounts. The Coalition reserves the right to recall funds sent in error and to interrupt or discontinue Electronic Payment and issue paper checks at any time for any reason. It can take up to one payment cycle from the date the Coalition Finance Department receives this form for it to become effective, and funds transferred by electronic transmission can take two to three banking days after the scheduled payment date to post to an account. **Individuals are responsible for verifying that the funds have been credited into the proper account.** The Coalition is not responsible for late deposits or overdrafts on any account.

**FOR ELC USE ONLY**

New Child Care Teacher

Change to Existing EFT on File

Vendor ID (BB) Number \_\_\_\_\_