



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: \_\_\_\_\_

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Savings Account Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_

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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.

