Early Learning Coalition
of Palm Beach County
Ready to Learn. Ready for Life.

AUTHORIZATION FORM

PROVIDER NAME:			
SITE ADDRESS:			
CITY:		**STATE:**	**ZIP:**
EMAIL ADDRESS:			

ADD:

1. NAME:____TITLE:____

   DATE:_________________PHONE#:_____________________ EMAIL: _________________________________

   ☐ CHECK BOX IF PERSON LISTED ABOVE IS NEW CONTRACT REPRESENTATIVE

2. NAME:_______________________________________ TITLE:____

   DATE:_________________PHONE#:_______________________ EMAIL: _______________________________

3. NAME:_______________________________________ TITLE:____

   DATE:_________________PHONE#:_______________________ EMAIL: _______________________________

REMOVE:

NAME & TITLE: ____________________________________DATE: ____

NAME & TITLE: ____________________________________DATE: ____

By signing below, the PROVIDER indicates that the person(s) indicated above is authorized to inquire about and sign documents relating to payment, attendance, Agreement application or renewal, Agreement contract and Agreement amendment(s).

ATTEST:

____

Signature of Director/Operator/Principal/or Authorized Representative Date

☐ Acknowledged by Electronic Signature

____

Print Name Title

COALITION STAFF ONLY

REVIEWED BY: _____________________ DATE: _____________________