



Dear Valued Provider:

Thank you for being part of the remarkable group of foster parents, adoptive parents, and Independent Living youth in Hillsborough County.

We are writing to inform you of an important transition. Beginning July 1, 2022, Eckerd Connects will no longer serve as the Community-Based Care Lead Agency for Hillsborough County. Children's Network of Hillsborough, LLC will be the new Lead Agency from that date forward.

Children's Network of Hillsborough, LLC currently has an option available to process payments via Electronic Fund Transfer from our office in Tampa, Florida.

If you desire a safe, secure and convenient way to receive your payment, we have contracted with Valley National Bank to provide ACH transfer services for your monthly payments. Electronic Fund Transfer services are available as a way to receive your payment by directly depositing to your specified bank account. This option would give you quicker access to your funds than depending on the US Mail service.

Please complete the attached form on the back of this letter and return to our PO Box address noted below, along with a voided check or bank letter with Routing and Account numbers. Please note that signatures are required by both Adoptive parents receiving Adoption Subsidies.

If you have questions, please call 1-844-933-5437.

Sincerely,

A handwritten signature in black ink that reads "Dennis C. Andrews". The signature is written in a cursive style.

Dennis Andrews
Chief Financial Officer
Children's Network of Hillsborough, LLC

1-844-933-5437 | fax 239-226-1115 | PO Box 82189 | Tampa, FL 33682



The Children's Network of Hillsborough LLC is sponsored in part by the State of Florida,
Department of Children and Families

The Children's Network of Hillsborough County LLC is committed to working with the community in building and maintaining a child protection system that promotes safety and stability for children and families.



ELECTRONIC PAYMENT AUTHORIZATION APPLICATION

Children's Network of Hillsborough LLC

PO Box 82189 Tampa, FL 33682

1. Parent Name: _____
Last Name *First Name*

2. Parent Name: _____
Last Name *First Name*

Address: _____

City: _____ State _____ Zip Code: _____

Phone: _____ Phone: _____

For Checking Account: Attach a voided check or a bank letter with routing and account number.

For Savings: Attach "Copy of Savings Account ID" or a bank letter with routing and account number.

1. CHECKING ACCOUNT / 2. SAVINGS ACCOUNT

START (NEW) CHANGE (Update)

Bank Name: _____
Routing _____
Number: _____

Please Note: For adoption payments: if both parents have signed the adoption assistance agreement (AAA), then both individuals need to sign on the lines below.

Signature: _____ Date: _____

Signature: _____ Date: _____

ATTACH
VOID CHECK HERE