



Authorization for (ACH) Debit

Name (s) of Child/Children: _____

Name on Bank Account: _____

Home address: _____

Bank Name: _____

Bank Address (not required): _____

Routing Number: _____ Account Number: _____

Kindly attach either a voided check or a photocopy of a check.

By my (our) signature, I (we) hereby authorize Executive Child Development Center, herein called "ECDC", to initiate Automated Clearinghouse (ACH) Debit entries to my (our) accounts(s) indicated below at the originating depository financial institution, hereinafter called "ODFI". This authorization also allows ECDC and/or ODFI to make any necessary corrections and/or adjustments to the entries, including debits to my (our) account.

This authorization is to remain in full force and effect until ECDC has received written notification from me (or either of us) of its termination in such time and in such manner as to afford ECDC and ODFI a reasonable opportunity to act on it.

Authorized By: _____ Dated: _____

Authorized By: _____ Dated: _____