

Authorization Agreement for Direct Payments (ACH Debits)

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name _____

Please apply to the account for: _____

I hereby authorize Battle Creek Christian Early Learning Center (BCCELC), to initiate debit entries to my checking or savings account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of U.S. law.

Depository Name _____

Routing Number _____ Account Number _____

Checking Account Savings Account (select one)

Amount to Charge: Amount due
 Other amount \$ _____

Frequency: one-time weekly bi-weekly monthly

****Please note: bi-weekly & monthly payments will be for week due and prepayment for upcoming weeks.**

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

Signature: _____

Print Name: _____

Phone Number: _____

Date: _____