Explore and Learn

Childcare and Learning Center

Discover • Grow • Play

ACH DEBIT AUTHORIZATION AGREEMENT

Name:_____

Address:_____

City/State/Zip:_____

Home Phone:_____ Work Phone:_____

I (We) hereby authorize Explore and Learn Childcare and Learning Center, LLC, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/Savings Account indicated below, at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name:_____

Address:_____

City, State, Zip:_____

Routing Number:_____

Account Number: _____ ( ) Checking Account ( ) Savings Account

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination at least thirty (30) days prior to the effective date of termination

Name(s): _____ _____

Please Print Please Print

Signature(s): _____ _____