

**EXPRESSIVE BEGINNINGS CHILD CARE
AUTHORIZATION AGREEMENT FOR DIRECT DEBIT PAYMENTS
(ACH DEBITS)**

Client Name: _____

Name of Child(ren): _____

Weekly Tuition Amount to be Debited from Account: \$ _____ *

Child Start Date: _____ First ACH Date: _____

*or agreed upon amount per tuition agreement (total tuition less any DSS payments)

I (we) do hereby authorize Expressive Beginnings Child Care, to initiate debit entries to my (our) **Checking Account/Savings Account** (select one) indicated below at the depository financial institution named below, and to debit the same 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: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account: _____

This authorization is to remain in full force and effect until Expressive Beginnings Child Care has received written notification from me of its termination in such manner as to afford Expressive Beginnings and the Depository a reasonable opportunity to act on it.

Name (s): _____

(please print)

Signature: _____ Date: _____

Note: Debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

*Please attach a voided check.