

Child's Name _____

Automated Electronic Funds Transfer Authorization EIN: 20-2375340



TAPE VOIDED CHECK HERE

I/We (print name on account) _____ hereby authorize Little Treasures Learning Center to initiate debit entries (and if necessary, credit adjustments for any debit entries in error due) to my/our checking ___ savings ___ account (select one) from the depository listed below. I understand that the amount of the funds transferred from my account to Little Treasures will occur on the 25th day of each month for the amount of the outstanding balance owed on my account at that time. I also understand that a \$25.00 fee will be charged to me on all Electronic payments returned or dishonored.

Depository Name: _____

Transit/ ABA#: _____ Account #: _____

This authority is to remain in full force and effect until Little Treasures has received written notification from me/us of its termination in such time and in such manner as to afford Little Treasures a reasonable opportunity to act on it (minimum of seven business days). Please see The Parents Handbook for rules outlining the refund of security deposit.

Name(s) on account: _____

Signature: _____ Date: _____

Signature: _____ Date: _____