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, LLC, to initiate debit entries to my (our) Checking 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

This authorization is to remain in full force and effect until Explore and Learn Childcare and Learning, LLC has received written notification from me (or either of us) of its terminations at least thirty (30) days prior to the effective date of termination.

Names(s): _____ _____
Please Print Please Print

Signatures: _____ _____

510 N. Fifth Street, Perkasie PA 18944
215-257-9240