



Authorization Agreement for Direct Payments (ACH Debits)

Company Name _____

Parent Name on Account _____ (print)

Children/Child's Name _____

I (we) hereby authorize Trinity Cooperative Day Nursery, hereafter called TCDN, to initiate debit entries to my (our) Checking/Savings Account (circle one) indicated below at the depository financial institution named below, hereafter called Depository, and to debit the same to such account. Monthly debit amounts will be determined by the amount due on my monthly billing statements. 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 _____

Bank Account Number _____

Routing Number _____

Please return this form with a copy of a voided check to the TCDN Admin Office.

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

Name(s) _____

Date _____

Signature _____

Note: **A transaction fee of \$1.00 will be added for each ACH processed.** Debit authorizations must provide that the receiver may revoke the authorization only.

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