

**ACH DEBITS  
AUTHORIZATION FOR  
PRE-AUTHORIZED PAYMENTS**

Tuition Amount to  
Debit: \_\_\_\_\_

**AGREEMENT for Pre-Authorized Payments  
(ACH DEBITS)  
A voided check must accompany this request**

Children's Weekday Education Center

Tax ID 74-1356592

I (we) hereby authorize Children's Weekday Education Center to initiate debit entries to my (our)  checking  savings account (check one) indicated below and the Bank (DEPOSITORY) named below to debit such indicated account.

DEPOSITORY/BANK  
NAME: \_\_\_\_\_

BRANCH: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

BANK TRACKING NUMBER:  
\_\_\_\_\_

ACCOUNT NUMBER:  
\_\_\_\_\_

This authority is to remain in full force and effect until Children's Weekday Education Center has received notification from me (or either of us) of its termination in such time and in such manner as to afford Children's Weekday Education Center and BANK a reasonable opportunity to act upon it.

NAME(S) AS APPEARS ON  
YOUR ACCOUNT(S): \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_