



Building Better Kids

Authorization for Automated Payment Entries – Children’s Workshop Preschool

I authorize Children’s Workshop Preschool to initiate electronic debits (payments), to my designated account at the below named Financial Institution. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

This authority is to remain in effect until I provide written notification to Children’s Workshop Preschool of my intent to terminate this agreement.

This notice must be given to Children’s Workshop Preschool in a reasonable time frame to act upon it relative to the payment due date.

CHILDREN’S WORKSHOP PRESCHOOL
2727 MICHIGAN ST. NE
GRAND RAPIDS, MI 49506

PAYMENT INFORMATION

PAYMENT AMOUNT \$ _____

PAYMENT DATE _____

PAYMENT FREQUENCY _____

FINANCIAL INSTITUTION INFORMATION

BANK NAME _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ - _____ - _____

ACCOUNT NUMBER _____

() CHECKING ACCOUNT

() SAVINGS ACCOUNT

AUTHORIZED BY

NAME(S) _____

SIGNATURE _____

DATE _____