

## Authorization Agreement for Automatic Payments (Debits)

**Sunshine Childcare**

**421012881**

Company Name

Company ID#

I (we-if joint account) hereby authorize **Sunshine Daycare**, hereinafter called COMPANY, to initiate debit entries from my account as follows: **(complete only one of the options listed below):**

\$ \_\_\_\_\_ (or variable)      Weekly on Friday beginning \_\_\_\_\_

\$ \_\_\_\_\_ (or variable)      Bi-weekly on Friday beginning \_\_\_\_\_

\$ \_\_\_\_\_ (or variable)      Monthly on last day of month beginning \_\_\_\_\_

and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

Financial Institution Name	Branch (if needed)	City, State Zip
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\* ABA/Bank Routing Number

\* Account Number

Type of Account (Select One):     Checking     Savings

This authority is to remain in full force until \_\_\_\_\_  
(or either of us or its terminates in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.)

Name/Number (Please Print)	email address
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Signature	Date
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Name (if joint account -- using the term "and") \_\_\_\_\_

Signature	Date
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*Please attach a copy of or a voided check for account number verification.*

\*These numbers are located on the bottom of your check as follows:


  
Routing Number
Account Number