

NEW DAY CHILDREN'S CENTER

ACH DEBIT AUTHORIZATION

I (we) hereby authorize New Day Children's Center, hereinafter called New Day Children's Center, to initiate debit entries to my (our) account indicated below and the financial institution below, hereinafter called FINACIAL INSTITUTION, to debit the same amount 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.

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Address) (City/State) (Zip)

\_\_\_\_\_  
Type of account:  Checking  Savings  
(Routing Number) (Account Number)

This authority is to remain in full force and effect until New Day Children's Center has received written notification from me (or either of us) of its termination in such time and manner as to afford New Day Children's Center and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Individual Name) (Signature)

\_\_\_\_\_  
(Print Individual ID Number) (Date)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!**