

ACH AUTHORIZATION FORM

Little Lambs Preschool: 8050 W. Coal Mine Ave. Littleton, CO 80127

FOR OFFICE USE ONLY		CUSTOMER #	DATE	
Effective date of authorization: ____/____/____				
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment				
Last Name			First Name	
Address				
City			State	Zip
Email Address				
MONTHLY PAYMENTS: 09/15/2019 – 05/15/2020 Date for monthly withdrawal (please initial): ____ <input type="checkbox"/> 15 th Date of first payment: ____/____/____ Amount of monthly payment: \$200.00				
CHECKING / SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)		Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ *1 23456789* 123 123456* 0001 Routing Number Account Number Check Number	
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: _____ Date: _____			

If using a checking account, please attach a voided check to the bottom of this page.