

ACH AUTHORIZATION FORM

LITTLE LAMBS PRESCHOOL 8050 W Coal Mine Ave. Littleton, CO 80123

FOR OFFICE USE ONLY		CUSTOMER #		DATE:	
Effective date of authorization: 09/15/2020					
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change payment amount <input type="checkbox"/> Discontinue electronic payment <input type="checkbox"/> Change payment date					
Last Name			First Name		
Address					
City				State	Zip
Email Address					
MONTHLY PAYMENT: 09/15/2020-05/15/2021					
Date for monthly withdrawal: <input type="checkbox"/> 15 th					
Date of first payment: ____/____/____ Amount of monthly payment: \$220.00					
CHECKING	Please debit payment from my: <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.