

DEBIT AUTHORIZATION FORM

This form must be completed to initiate Debit entries from your Bank Account. By completing this form you are hereby authorizing Mountain Valley Child Development Center to make debit entries from your account indicated below and the financial institution named below.

I (we) hereby authorize Mountain Valley Child Development Center to hereinafter initiate debit entries from my (our) account indicated below, and the financial institution named below to debit the same to such account for (Application). I (we) acknowledge that the origination of ACH transactions from my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) _____ (Branch) _____

(Bank Address) _____ (City/State) _____ (Postal Code) _____

_____ Routing Number

_____ Account Number

Type of Account _____ Checking _____ Savings

This authority is to remain in full force and effect until Mountain Valley Child Development Center has received written notification from an authorized person for this account requesting its termination in such time and manner as to afford Mountain Valley Child Development Center and your Bank a reasonable opportunity to act on it.

(Authorized Signature) _____

(Print Authorized Person's Name) _____

**PLEASE ATTACH A VOIDED CHECK TO
COMPLETE ENROLLMENT**

