



A Learning Preschool

ACH AUTHORIZATION FORM

I (we) hereby authorize Tiny City Academy to initiate entries to my checking/savings accounts at the financial institution listed below. This authority will remain in effect until last payment needed for care upon giving notice, or written agreement for a new payment arrangement are made with a director. Payment is withdrawn on Fridays for the upcoming week. Please attach a voided check to this form.

(Name of Financial Institution)

(Signature)

(Date)

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

I will be paying: ____ Weekly ____ Bi-Weekly ____ Monthly

Set Amount: \$ _____

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

Ⓜ 123456789 Ⓜ 1234567890123 Ⓜ
Routing Number Account Number

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