



AUTOMATED ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

Center: _____ Center's Employer Identification Number: _____
Child's Name: _____

TAPE VOIDED CHECK HERE!

We _____ hereby authorize Brick Rainbow Kids Child Care Centers to initiate debit entries (and if necessary, credit adjustments for any debit entries in error due) to my/our checking _____ savings _____ account (select one) from the depository listed below. I understand that the amount of the funds transferred from my account to Brick Rainbow Kids will occur on the 25th of the month proceeding the month services are rendered or if the 25th falls on a holiday or weekend the EFT will occur the last Brick Rainbow Kids business day preceding the 25th. I understand that the amount withdrawn each month from my account will equal the amount of the outstanding balance owed on my account. I also understand that a \$40.00 fee will be charged to me on all Electronic payments dishonored.

Depository Name: _____ Branch: _____
City: _____ State: _____ Zip: _____
Transit /ABA#: _____ Account #: _____

This authority is to remain in full force and effect until Brick Rainbow Kids has received written notification from me/us of its termination in such a manner as to afford Brick Rainbow Kids a reasonable opportunity to act on it (minimum of seven business days).

Name (s) on account: _____

Signature: _____ Date: _____

Signature: _____ Date: _____