

# ELECTRONIC PAYMENT AUTHORIZATION FORM



Complete and return this form to:

**Bright Beginnings Learning Center**  
 512 S Iowa Ave  
 Platte, SD 57369  
 (605) 337-9794

(Please Print)

**Check One**       **New Authorization**       **Change**

I (we) hereby authorize Bright Beginnings Learning Center to electronically debit my (our) account (and, if necessary, to electronically credit my (our) account to correct erroneous debits) as stated in this agreement. I authorize Bright Beginnings Learning Center to withdraw funds to pay my monthly invoice that is due and payable. I acknowledge that the origination of ACH transactions to my account must comply with all applicable law.

Account Holder's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Account Holder's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Children Names Currently Enrolled and Relationship to Enrollee. (Enrollees may change during the course of this authorization)

Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Account Type:     Checking     Savings     Business Checking

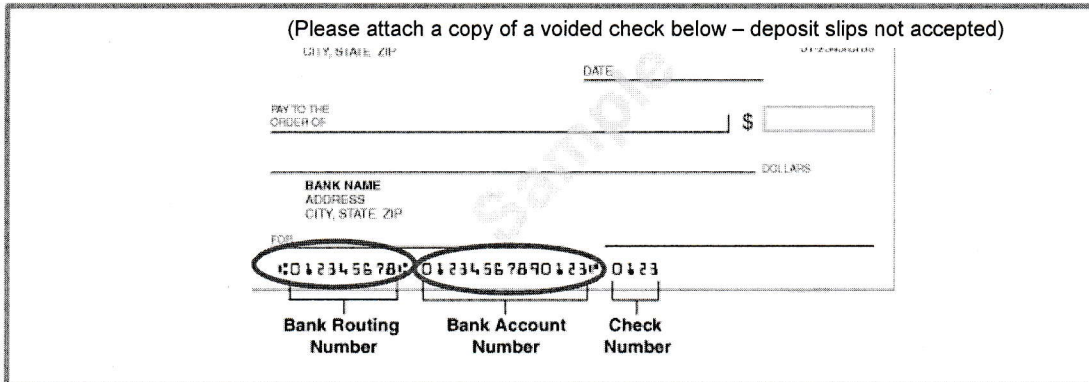
Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Amount of debit(s) will be determined by my monthly invoice and will be debited from my account on the **10<sup>th</sup> of each month**. If the 10<sup>th</sup> falls on a weekend or federal holiday it will be debited from my account the following business day.

This authorization will remain in full force and effect until I notify Bright Beginnings Learning Center in writing of its termination. Notification must be received **5 business days** in advance of termination date to permit Bright Beginnings Learning Center and the bank reasonable time to act upon it. I will continue to pay my invoice via check/cash until I am notified that my Electronic Payment is in force.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS**



For Office Use Only: Pre  \_\_\_\_\_  
 Mon  \_\_\_\_\_