

## Bank Transfer Authorization Form

I authorize The Learning Center For Young Children (LCYC) to electronically debit my bank account according to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States law.

### Terms of billing:

- One time on \_\_\_\_\_ for the amount of \$\_\_\_\_\_.  
mm/dd/yyyy
- Starting on \_\_\_\_\_ and on the \_\_\_\_\_ of each month  
mm/dd/yyyy Day of the month  
through \_\_\_\_\_ for the amount of \$\_\_\_\_\_.  
mm/dd/yyyy
- Starting on \_\_\_\_\_ for the amount of \$\_\_\_\_\_ and accordingly  
mm/dd/yyyy  
thereafter per the terms in invoice(s) \_\_\_\_\_.

### Customer bank account information:

\_\_\_\_\_  
Routing number

Account type: Checking Savings

\_\_\_\_\_  
Account number

Account type:       Checking    Savings    Consumer    Business

This payment authorization is to remain in effect until I, \_\_\_\_\_,  
Customers name  
notify LCYC of its cancellation by giving written notice in enough time for the business and receiving financial institution to have a reasonable opportunity to act on it.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Customer printed name

\_\_\_\_\_  
Date