



## Olympia Early Learning Center

201 N. Capital Way, downtown Olympia 360.943.9857 www.olyMPIAEarlyLearningCenter.org

### **ACH Debit Authorization** **AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS** *(Payment of Childcare Fees)*

**Company Name:** Olympia Early Learning Center

**Tax ID Number:** 91-0832039

I (we) hereby authorize Olympia Early Learning Center, hereinafter called COMPANY, to initiate debit entries to my (our) \_\_\_ Checking Account / \_\_\_ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: \_\_\_\_\_

Branch: \_\_\_\_\_

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

Routing Number (9 Digits): \_\_\_\_\_

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

This authorization is to remain in full force and effect until COMPANY has received written notification (email is acceptable) from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Debit Date (s) \_\_\_\_\_ Debit Amount \_\_\_\_\_ Fee Type \_\_\_\_\_

Name: \_\_\_\_\_  
(Please Print)

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

**Please attach a VOIDED CHECK to this authorization if a checking account will be debited.**