



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

SECTION 1: Payments and Fees

Past Due Fees \$ _____ (minimum of \$5.00 monthly)
Current Monthly Fees \$ _____ (minimum of \$5.00 monthly)
Total Monthly Withdrawal \$ _____ (minimum of \$25.00 monthly)

SECTION 2: Authorization for Automatic Monthly Withdrawal/Charge

Start Date: _____ / _____ / _____ (withdrawals will be made on the last business day each month)

_____ Bank Withdrawal **OR** _____ Credit Card _____ Debit

Type of account: _____ Checking _____ Savings Type of Card (Visa, M/C, Amex, etc.)

Bank Name: _____ Name on Card: _____

Routing # (9 Digits): _____ Card No. _____

Account # (10 Digits): _____ Expiration Date: (mm/yy) _____ / _____

Credit Card Authorization

Signature: _____ Date: _____

If withdrawal is from your checking account, please attach copy of **VOIDED** check - see example below



SECTION 3: Personal Information

Name: _____ E-mail: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

AUTHORIZATION AGREEMENT FOR AUTOMATED WITHDRAWALS:

I hereby authorize and request For Kid's Sake Early Learning Center, LLC, to make monthly withdrawals in the amount listed above by initiating debit entries to my account indicated on the voided check copy provided, and I authorize and request BANK to accept my debit entries initiated by For Kid's Sake Early Learning Center to such account. It is understood that this agreement may be terminated by me at any time by written notification to For Kid's Sake Early Learning Center, LLC. Any such notification to the For Kid's Sake Early Learning Center shall be effective only with respect to entries initiated by For Kid's Sake Early Learning Center after receipt of such notification and a reasonable opportunity to act on it.

Signature: _____

Date: _____

Return to:

**FOR KID'S SAKE EARLY LEARNING CENTER
10300 Dexter-Pinckney Road,
Pinckney, MI 48169**