



AUTHORIZATION FOR RECURRING DIRECT PAYMENTS (ACH DEBITS)

Merchant: Kids R Kids Mableton
20 Veterans Memorial Hwy. SE
Mableton, GA. 30126
678-213-2184

In consideration of the services provided to me by Kids R Kids Mableton, hereinafter called MERCHANT, I hereby authorize MERCHANT to initiate a debit entry to my account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account for the amount and frequency listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Checking Savings

Depository Bank Name: _____

Account Number: _____ Routing Number: _____

Deduct \$ _____ Based on Fees owed as provided for _____

Frequency:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Weekly | Date: _____/_____/_____ (mm/dd/yyyy) |
| <input type="checkbox"/> Bi-weekly | Date: _____/_____/_____ (mm/dd/yyyy) |
| <input type="checkbox"/> (4) Four Weeks | Date: _____/_____/_____ (mm/dd/yyyy) |
| <input type="checkbox"/> Other (approval required) | Date: _____/_____/_____ (mm/dd/yyyy) |
| <input type="checkbox"/> Include applicable field trips | |
| <input type="checkbox"/> Include annual registration fee | |
| <input type="checkbox"/> Include annual supply fee | |

The specific debits to my account authorized herein may only post on or after the EFFECTIVE DATE listed above, and in no event may the debit transaction post to my account prior to said date. This authorization is to remain in full force and effect until MERCHANT has received written notification from me of termination in such time and in such manner as to afford MERCHANT and DEPOSITORY a reasonable opportunity to act. I may only revoke this authorization by contacting MERCHANT directly at the address and phone number listed above.

Name (please print): _____

Date: _____

Signature: _____