



I hereby authorize Creative Beginnings Children's Academy to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my ()Checking ()Savings account (select one) indicated below.

Name: _____

Bank Name: _____

Account Number: _____

Transit/ABA Number _____

This authority is to remain in full force and effect until Creative Beginnings Children's Academy has received written notification from me 30 days prior of its termination in such time and in such manner as to afford Creative Beginnings Children's Academy reasonable opportunity to act on it.

Printed Name: _____

Date: _____

Signature: _____

*Please attach a **VOIDED** check for verification of your account information