



Direct Payment via Bank ACH

Consumer Authorization

I authorize United Childcare and Preschool of Sioux Falls, SD to electronically debit my bank account (and if necessary, electronically credit my account to correct erroneous debits). I agree that ACH transactions I authorize comply with all applicable laws.

Please check one:

Checking Account Savings Account

Bank or Credit Union Name _____

Routing Number _____ Account Number _____

This debit will occur once a week on Monday.

I understand that this authorization will remain in full force and effect until I notify United Childcare and Preschool by calling 605.332.5940 that I wish to revoke this authorization. I understand that United Childcare and Preschool requires at least one week prior notice to cancel this authorization.

Child(rens) Name(s) _____

Name(s): Print _____

Date: _____ **Signature(s)** _____

Please retain a copy of this authorization for your records