



AUTHORIZATION AGREEMENT FOR ACH COLLECTIONS



I hereby authorize Sissy's Little Lambs Children's Center, to initiate debit entries to account at the depository financial institution(s) named below for the purposes of payments. To properly affect the cancellation of this agreement, I am required to give two weeks' written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments.

Primary Bank Account

Name of Bank:	
Routing/ABA #:	
Account #:	
Checking	Savings

Additional Bank Account (not required)

*This would only be used in the event your primary depository account is declined.

Name of Bank:	
Routing/ABA #:	
Account #:	
Checking	Savings

I understand that this authorization will remain in full force and in effect until Sissy's Little Lambs Children's Center has received written notification from me of its termination in such time and in such manner as to afford Sissy's Little Lambs Children's Center and Tuition Express a reasonable opportunity to act on it.

I understand that Tuition Express is not responsible for any errors made by the Sissy's Little Lambs Children's Center and that Tuition Express can only initiate debit and credit entries based upon information given to it by the Sissy's Little Lambs Children's Center. I agree that Tuition Express has no liability to me if it is unable to make any transfer because of an act of God, mechanical failure, or any interruption in communications not within its control, or if sufficient funds are not given to it by the Sissy's Little Lambs Children's Center in the amount of the required transfer.

Authorized Signature:
Print Name:
Phone:
Email Address:
Date:

*** ATTACH A COPY OF A VOIDED CHECK HERE.**

1 2 3

- 1 Routing Number (requires 9 digits)
- 2 Bank Account Number (not to exceed 17 digits)
- 3 Check Number

For Official Use Only

Date Received:

Employee Signature: