

# EWEB Child Development Center

## Direct Debit Authorization Agreement

---

I hereby authorize EWEB Child Development Center, hereinafter EWEB Child Development Center, to originate **debit** entries from my account indicated below to Summit Bank. I acknowledge the origination of ACH transactions from my account must comply with the provisions of the Automated Clearing House Rules (NACHA).

\_\_\_\_\_  
Name of your Financial Institution (required)

\_\_\_\_\_  
Name of your account as it appears on your bank statement (required)

\_\_\_\_\_  
Street address of your Financial Institution (if known)

\_\_\_\_\_  
Financial Institution - City, State (required)

The following information is required in order for us to debit your account correctly:

\_\_\_\_\_  
Routing/Transit Number (9 digits)

\_\_\_\_\_  
The account number to debit

\_\_\_\_\_  
Account Type = Checking or Savings

Attach a sample (voided) check here =  
required

This authority is to remain in full force and effect until EWEB Child Development Center has received written notification from me of its termination in such time and manner as to afford EWEB Child Development Center and FINANCIAL INSTITUTION a reasonable opportunity to act on it. *I understand I must notify EWEB Child Development Center should I change my account number, the type of account (checking/savings) or my financial institution, by signing an updated Direct Payments Form and giving COMPANY a reasonable opportunity to act on it.*

\_\_\_\_\_  
(Print Individual Name)

\_\_\_\_\_  
(Individual Signature and Date signed)

*Please attach copy of a voided check to this form as noted above to ensure the correct routing number for your financial institution is used.  
Do not attach a copy of a deposit slip/ticket as it may contain incorrect routing number information and your direct deposit will not process properly and may be rejected by your Financial Institution.  
Thank you.*