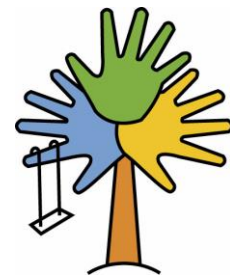


AUTHORIZATION FORM



Organization:
Central Early Childhood Center
5144 Oak Street, Kansas City, MO 64112
central_ecc@yahoo.com

| | | | |
|--|---|---|--|
| For Office Use Only: 56056816428ECC | | DATE _____ | |
| Effective date of authorization: ____/____/____ Name of child(ren): _____ | | | |
| Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment | | | |
| Last Name _____ | | First Name _____ | |
| Address _____ | | | |
| City _____ | | State _____ | Zip _____ |
| Email _____ | | | |
| Date of first payment: ____/____/____ (mm//dd/yy) | | Frequency of payment: (please check only one) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 10 th <input type="checkbox"/> Monthly on the _____ (indicate a date between the 2 nd – 9 th only) | |
| Date of last payment ____/____/____ (mm//dd/yy) | | Amount of maximum payment: \$ _____ | |
| CHECKING / SAVINGS | Please debit payments from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below*) | | Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ <small> ⑆ 23456789 ⑆ 23 ⑆ 23456 ⑆ 000 ⑆ └─── Routing Number └─── Account Number └─── Check Number </small> |
| | I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. | | |
| Authorized Signature: _____ Date: _____ | | | |

If using a checking account, please attach a voided check* at the bottom of this page.

***Note: A voided check is only required for NEW authorizations or if using a NEW checking account that is not already on file with CECC.**