



AUTOMATED ELECTRONIC FUNDS TRANSFER
AUTHORIZATION FORM

Center: _____ Center's Employer Identification Number: _____
Child's Name: _____

TAPE VOIDED CHECK HERE

I/We _____ hereby authorize Rainbow Academy Child Care Centers to initiate debit entries (and if necessary, credit adjustments for any debit entries in error due) to my/our checking _____ savings _____ account (select one) from the depository listed below. I understand that the amount of the funds transferred from my account to Rainbow Academy will occur on the 27th of the month preceding the month services are rendered or if the 27th falls on a holiday or weekend the EFT will occur the last Rainbow Academy business day preceding the 27th. I understand that the amount withdrawn each month from my account will equal the amount of the outstanding balance owed on my account. I also understand that a \$40.00 fee will be charged to me on all Electronic payments dishonored.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Transit /ABA#: _____ Account #: _____

This authority is to remain in full force and effect until Rainbow Academy has received written notification from me/us of its termination in such a manner as to afford Rainbow Academy a reasonable opportunity to act on it (minimum of seven business days).

Name (s) on account: _____

Signature: _____ Date: _____

Signature: _____ Date: _____