

Harvest Daycare & Preschool

ACH Payment Authorization Form

***Please attach a Voided Check for verification.**

I authorize the Harvest to initiate a debit entry against my checking account in payment of my child's tuition and other related fees for the Harvest Daycare & Preschool and/or the Harvest Afterschool. This authorization will remain in effect until I notify the Harvest Daycare & Preschool and/or the Harvest Afterschool in writing when my child is withdrawn from the daycare.

***Please check the appropriate box:**

Weekly Draft

Monthly Draft

Change Account

Account Holders Name: _____

Financial Institution Name: _____

Financial Institution City/State: _____

Financial Institution Routing Number: _____

Checking Account Number: _____

*Start Date of Draft
(Processed on Mondays) _____

Best Email Address: _____

Best Contact Phone Number: _____

Child's Name: _____ Child's Name: _____

Child's Name: _____ Child's Name: _____

I _____ understand the only discount offered is for payment by Monthly Draft.
(Print Your Name)

Signature: _____ Todays Date: _____

Please keep a copy of this authorization form for your records.