

Hillcrest Christian Early Learning Center
11411 Quivira Rd.
Overland Park, KS 66210
Phone 913.663.1997
Fax 913.451.8244



**AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize HILLCREST CHRISTIAN EARLY LEARNING CENTER, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account in conjunction with the company's "Contract For Child Care Services" and the "Fee Schedule" for the current year. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name _____

Financial Institution Routing/Transit Number _____

Financial Institution Account Number _____

Type of Account: Checking Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Individual Name _____ Signature _____

Print Individual Name _____ Signature _____

Date _____