



**ACH DEBIT AUTHORIZATION AGREEMENT**

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)  
Company: **School for Little Children** (herein referred to as "Company")  
Address: 1427 Chicago Ave., Evanston, IL 60201

I (we) hereby authorize Company to initiate debit entries from my (our):  
\_\_\_\_ Checking Account      \_\_\_\_ Savings Account

**Please debit my (our) account for:**

\$ \_\_\_\_\_ **monthly** on the 1<sup>st</sup> of the month starting May 1<sup>st</sup> 20\_\_\_\_ and ending January 1<sup>st</sup> 20\_\_\_\_.  
**or**  
\$ \_\_\_\_\_ **semi-annually** on May 1<sup>st</sup>, 20\_\_\_\_ and November 1<sup>st</sup>, 20\_\_\_\_

indicated below at the depository financial institution named below, hereinafter called Depository, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

Depository  
Name \_\_\_\_\_ Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_  
This authorization 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 in such manner as to afford Company and Depository a reasonable opportunity to act on it.  
Depositor Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Attach voided check here: