

GELC Use Only			
Start Date:	<input type="checkbox"/> FT	<input type="checkbox"/> 2-day	<input type="checkbox"/> 3-day

To Be Completed by a Parent, Guardian, or Authorized Representative	
Child's Name:	Parent/Guardian/Authorized Representative's Name:

This is:

☐ A New Request ☐ An Updated Request

I (we) authorize Grace Early Learning Center, hereinafter called GELC, to initiate entries to my (our) account indicated below at the financial institution named below, and if necessary, initiate adjustments for any transactions made in error.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Name of Financial Institution:			
Address:	City:	State:	Zip:
Routing Number:		Account Number:	
Select One: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Select One: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	

The transaction will be deducted on the first business day for the option selected above.

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

Parent/Guardian/Authorized Representative's Name(s):			
Signature:	Date:	Signature:	Date:

Please attach a voided check to this form.