

ACH Bank Payment Authorization

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated below each billing period

I _____ authorize Brilliant Beginnings Learning Center to charge
(Full Name) (Merchant's Name)

My bank account indicated below for \$ _____ each _____
(amount) (week or month)

This payment is for Child Care Tuition

Billing Information

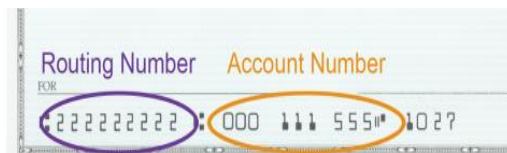
Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Bank Details

Checking Savings

Account Name _____
Bank Name _____
Account Number _____
Routing Number _____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Brilliant Beginnings in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date.

I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____
(Account Holder's Signature)

DATE _____