Consumer Authorization for Direct Payment via ACH
ACH Debits

I hereby authorize Tiffany Ellis-Brown DBA Little Scholars, to initiate electronic debit entries to my (our) account(s) indicated below and the financial institution named below, hereinafter called "Financial Institution". I acknowledge that ACH transactions I authorize must comply with all applicable law. In the event of an erroneous or duplicate entry, I hereby authorize Tiffany Ellis-Brown DBA Little Scholars to credit my account indicated below to correct any error made.

Financial Institution Name

Financial Institution Address

☐ Checking   ☐ Saving

Routing Number   Account Number

Amount of Debit or method of determining amount of debit (i.e. $'s per hour)

Payment Date(s) and/or Frequency of Debits(s)

This authorization is to remain in full force and effective until I notify Tiffany Ellis-Brown DBA Little Scholars in writing that I wish to revoke this authorization. I understand that Tiffany Ellis-Brown DBA Little Scholars requires at least 2 weeks prior notice in order to cancel this authorization.

Print Name

Signature   Date

Please attach a Voided Check to this authorization

08/13