



E-Check Authorization Form

I _____ authorize Quala Care Child Center, Inc. to initiate either an electronic debit or to create and process a demand draft against my bank account starting on _____ and on the 1st day of each month following for the amount of \$ _____. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

BANK INFORMATION

Bank ABA (Routing) Number _____

Bank Account Number _____

Bank Account Type (circle one) Checking Savings Business Checking

This payment authorization is to remain in full force and effect until I notify Quala Care of its cancellation by sending written notice in such time and in such manner to allow both Quala Care and the receiving financial institution a reasonable opportunity to act on it.

Signature _____

Printed Name _____

Phone Number _____

Date _____