



Debit Authorization

Safari Child Care Center | 403 P AVE | Milford, Iowa | 51351

I (we) hereby authorize Safari Child Care Center, LLC to initiate debit entries against my (our) account at the bank named below. I (we) acknowledge that the origin of the ACH transaction to my (our) account must comply with the provisions of the US law.

The effective date of this debit shall be: _____

The amount of the debit: _____ Frequency of the debit: _____

Depositor Bank

Name on the bank account

Address City State Zip Code

Routing Number Account Number Account Type Savings or Checking

Signature

Printed Name

Signature

Printed Name

Date

Please attach a voided check to this form