

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS/DEBITS)

Please check one

Food Program

Child Care

COMPANY NAME: B . J. JORDAN CHILD CARE PROGRAMS, INC. DBA BEANSTALK

I/we hereby authorize B. J. Jordan Child Care Programs, Inc. dba Beanstalk, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my/our bank account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

BANK NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

Please attach a cancelled check

Email Address: _____

Optional (For Payment Notification)

This authority is to remain in full force and effect until COMPANY has received written notification from me/or either of us of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

NAME(S) _____

SIGNED X _____ SIGNED X _____ DATE _____

If Joint Account