



Electronic Funds Transfer (EFT) Authorization

I hereby authorize Brighter Beginnings LLC to initiate weekly withdrawals from my checking/savings account listed below for the purposes of child care tuition payments for my child(ren). I have attached a voided check for the account specified below. This authorization is to remain in effect until Brighter Beginnings LLC has received written (email) authorization from me of its termination or change.

Additionally, I grant Brighter Beginnings LLC the right to initiate adjustments to correct any erroneous credit or debit errors or to apply additional charges/fees.

Bank Name: _____

Bank Address: _____

Bank Telephone: () _____

Parent Name Printed: _____

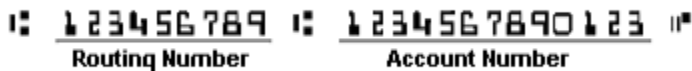
Parent Signature: _____ **Date:** _____

Circle one: Checking or Savings

Routing Number: _____

Account Number: _____

These numbers are located on the bottom of your check as follows:



PLEASE ATTACH A VOIDED CHECK

