Friends Early Learning Center
Recurring Bank Transfer Authorization Form

I authorize Friends Early Learning Center to electronically debit my bank account according to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States law.

Terms of billing:

☐ One time on _____ (mm/dd/yy) for the amount of $_____.

☐ Starting on _____ (mm/dd/yy) and on the _____ (day of the month) of each month through _____ (mm/dd/yy) for the amount of $_____.

☐Starting on _____ (mm/dd/yy) for the amount of $_____ and accordingly thereafter each week.

Customer bank account information:

_____ _____
Routing number Account number

Account type: ☐ Checking ☐ Savings ☐ Consumer ☐ Business

This payment authorization is to remain in effect until I, _____ (Customer name), notify Friends Early Learning Center of its cancellation by giving written notice in enough time for the business and receiving financial institution to have a reasonable opportunity to act on it.

_____ _____ _____
Customer signature Customer printed name Date