

Manchester School for Young Children

Auto-Debit Authorization

Authorization Agreement

I hereby authorize Educational Credit Union to automatically debit from the account that is listed below, on the specific day to **Manchester School for Young Children**.

By filling out this form I am authorizing a regular scheduled withdrawal from my bank account. These withdrawals will be automatically processed on the day listed below. In the case that the day falls on a holiday or weekend the money will be withdrawn from the bank account on the prior business day. This agreement will remain in effect until **Manchester School for Young Children** receives a written notice of cancelation from me or my financial institution, or until I submit a new auto debit form to Manchester School for Young Children.

Account Information

Parent Name: _____

Name of Financial Institution: _____ Branch _____

City: _____ State: _____ Zip: _____

Name on Account: _____

Routing Number: _____

Account Number: _____ Checking Savings

Authorization for Auto-Debit

I authorize **Manchester School for Young Children** to debit the listed above checking/savings account. The authority will remain in effect until I notify **Manchester School for Young Children** in writing to cancel it in such time as to allow the financial institution a reasonable opportunity to act on it. In the event of an error, please notify **Manchester School for Young Children**

Authorized Signature: _____ Date: _____

Please Print Name: _____ Date: _____

Please Revoke Auto-Debit Effective Date: _____

Either return to office or fax to: 785-272-1414

Please keep a copy for your records