



## AUTHORIZATION FOR RECURRING DIRECT PAYMENTS (ACH DEBITS)

Merchant: Kids R Kids Mableton  
20 Veterans Memorial Hwy. SE  
Mableton, GA. 30126  
678-213-2184

In consideration of the services provided to me by Kids R Kids Mableton, hereinafter called MERCHANT, I hereby authorize MERCHANT to initiate a debit entry to my account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account for the amount and frequency listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

**Checking**                       **Savings**

Depository Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Deduct \$ \_\_\_\_\_ Based on Fees owed as provided for \_\_\_\_\_  
(Tuition Amount) (Name of Child)

Frequency:

**Weekly**                      Start Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (mm/dd/yyyy)  
 **Bi-weekly**                      Start Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (mm/dd/yyyy)  
 **Monthly (4) Four Weeks**                      Start Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (mm/dd/yyyy)

**Credit Card**

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing Address and Zip Code: \_\_\_\_\_

The specific debits to my account authorized herein may only post on or after the EFFECTIVE DATE listed above, and in no event may the debit transaction post to my account prior to said date. This authorization is to remain in full force and effect until MERCHANT has received written notification from me of termination in such time and in such manner as to afford MERCHANT and DEPOSITORY a reasonable opportunity to act. I may only revoke this authorization by contacting MERCHANT directly at the address and phone number listed above.

Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_