

The Lollipop Tree Nursery School
12 Elm St
Braintree Ma, 02184
781-843-8030
www.lollipoptreekids.com

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize The Lollipop Tree Nursery School, hereinafter called COMPANY, to initiate debit entries to my (our) Checking / Savings Account (select one) indicated below at the depository financial institution named below, hereinafter call DEPOSITORY, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____

Address: _____

City: _____ State: _____

Routing/ABA No. _____ Account No. _____

Start Date: _____ Amount: _____

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

This form should be mailed or dropped off at the school office. Please do not send personal information via email.

*Any authorized payment returned will result in an additional \$10.00 fee.

This is valid for one school year.

Name(s): _____
(Please print)

Child's Name(s) _____

Signature: _____ Date: _____

Signature: _____ Date: _____

