



Lollipop Tree Nursery School  
12 Elm Street 2<sup>nd</sup> Floor  
Braintree, MA 02184  
781-843-8030  
www.lollipoptreekids.com

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize \_\_\_\_\_, 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.

Names: \_\_\_\_\_  
(Please print)

Child's Name: \_\_\_\_\_

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

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

