



AUTHORIZATION FOR RECURRING DIRECT PAYMENTS (ACH DEBITS)

Merchant Name: Kids 'R' Kids of Castle Hills
Address: 4516 Maumee Drive
Carrollton, TX 75010
Phone: 972-939-5437

RE: ACH Authorization for Recurring Charges

In consideration of the services provided to me by **Kids 'R' Kids of Castle Hills**, 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.

Depository Bank Name: _____

Branch (City, State, Zip): _____

Account Number: _____ Routing Number: _____

Checking Savings

Amount: Based on fees owed as provided: _____

Frequency: Weekly Bi Weekly Monthly on the _____ of each month

Effective Date: ____/____/____ (mm/dd/yyyy)

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.

Your Name

Date

Signature

Child's Name (s)