

Miss Fran's Early Learning Center  
ACH Authorization Form  
Full Day

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_,  
authorize Miss Fran's Early Learning Center, to initiate debit entries and to initiate, if necessary, credit  
entries and adjustments for any debit entries made in error to the checking/saving account at the  
depository financial institution (DFI) named below. I acknowledge that the origination of ACH  
transactions to my account must comply with the provisions of U.S. law. This authority will remain in  
effect until I notify Miss Fran's Early Learning Center, in writing to cancel it in such time as to afford the  
financial institution a reasonable opportunity to act on it.

After the initial payment begins, debits will be made every other Friday for the following two weeks.  
The first payment will be based on the date of enrollment and will also include an additional non-  
refundable registration fee in the amount of \$50. The weekly rate is \$155. Fall VPK weekly rate is \$110.  
Miss Fran's Early Learning Center reserves the right to cancel a student's participation at any time.

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

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone #: \_\_\_\_\_ Home # \_\_\_\_\_

Email: \_\_\_\_\_

Depository financial institution: \_\_\_\_\_

ATTACH PRE-PRINTED VOIDED CHECK HERE