

Miss Fran's Early Learning Center
ACH Authorization Form
Half 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 half day weekly rate is \$90. Fall VPK half day
weekly rate is \$50. 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