Lil’ Bee’s Learning Center LLC

ACH AUTHORIZATION AGREEMENT FOR ELECTRONIC PAYMENT

By signing this form, I authorize Lil’ Bee’s Learning Center LLC (hereinafter “the Company”) to initiate electronic credit/debit entries to a checking or a savings account indicated below at the financial institution identified below. I understand that payments and reimbursements ***may*** be made by the Company, to me or the vendor I represent and ***only to the one bank account indicated***. In the event of overpayment to this bank account, I authorize the Company to make an adjusting debit entry to the account up to the amount of the overpayment. I may revoke or cancel this authorization and enrollment by notifying Lil’ Bee’s Learning Center LLC in writing at least fifteen (15) days prior to termination. ***Any change*** to the bank account or to a new financial institution will require a ***new*** LIL’ BEE’S LEARNING CENTER LLC AUTHORIZATION AGREEMENT AND ENROLLMENT FORM. Failure to notify the Company of an account change will delay payment.

Date Received: \_\_\_\_\_\_\_\_\_\_

**Return the completed form to the following:**

|  |  |
| --- | --- |
| Lil’ Bee’s Learning Center LLC1821 Bassett Dr Suite 103Mankato, MN 56001 | **Instructions:**Complete this form in its entirety. Any missing or incorrect information will be result in the delay of processing the electronic transaction. |

**This form must be returned to us 3 business days PRIOR to the “Start Date” of the transfer to comply with prenotification rules.**

**Transferring Account Details**

Name on Account (Please Print) Reason for Authorization Original Transfer Amount Start Date Frequency

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Name of Financial Institution Routing Number

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

Account Number Type of Account **(Select One)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | \_\_\_\_\_\_Checking \_\_\_\_\_\_Savings \_\_\_\_\_\_\_Loan |

Authorized Signature **Debit Credit**

|  |  |  |
| --- | --- | --- |
| **X** |  |  |

  **Select One**

|  |
| --- |
| **Please Attach a Voided Check****\* *Deposit Slips may not contain the correct ACH routing number* \*** |