

(920) 563-7252

### BANK DRAFT (ACH) APPLICATION

To begin ACH payments, submit application to Parents Cooperative Preschool at least two weeks prior to the due date of the month for which you would like ACH withdrawal to begin.

NEW REQUEST       CHANGE ACCOUNT       CANCELLATION

**CUSTOMER INFORMATION:**

Name:	Street Address:
Phone Number:	City/State/Zip:

**FINANCIAL INSTITUTION:**

Financial Institution Name:	Street Address:
Phone Number:	City/State/Zip:

**ACCOUNT INFORMATION:**

<input type="checkbox"/> CHECKING (Copy of voided check required)		<input type="checkbox"/> MONEY MARKET	<input type="checkbox"/> SAVINGS
Routing Number (First nine digits along bottom of check):		Account Number:	

I hereby understand and acknowledge the following statements:

*Parents Cooperative Preschool has the right to cancel this agreement and charge a non-sufficient funds fee of \$30.00 if the account listed above does not contain sufficient funds for a scheduled payment.*

*I authorize Parents Cooperative Preaschool to initiate entries to my account at the financial institution listed above and authorize the financial institution to debit my account for the described entries. I acknowledge that origination of ACH transactions to my account must comply with the provisions of U.S. law.*

*This authorization will remain in full force and effect until Parents Cooperative Preschool has received written termination of this authorization at least two weeks prior to the next scheduled payment.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>Office Use:</b> Date Received: _____	Processed By: _____
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