

ACH/Electronic Check Authorization Form

l,	wish to authorize A Child's Garden to deduct	
\$, from my bank a	account listed below.	
Invoice to be paid:		
Date bank account will be cha	arged:	
Name on Account:		
Routing/ABA Number:		
Account Number:		
Account Type (select one):	Personal □ Business □	
Entry Method (select one):	Prearranged Payment/Deposit (PPD) (Personal account) Corporate Cash Disbursement (CCD) (business account)	
Billing Address:		
City:		
State:		
Zip/Postal Code:		
Phone Number:		
Email:		
Child Name(s):		
Amount to be charged \$		
Name	 Signature	 Date