



Authorization Agreement For Automated Clearing House Transactions (ACH Debits)

ACH Authorization			
Individual / Company Name:		Individual / Company ID #:	

I (we) hereby authorize: Harrah Early Learning Center hereinafter called HELC, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking Savings account (select one) indicated below and the depository named below, hereinafter called Bancfirst, to debit and/or credit the same to such account.

Bank Information			
DEPOSITORY NAME:		Branch: (if applicable)	
City, State, ZIP:			
Transit/ABA No: ("Routing #")		Account #:	

This authority is to remain in full force and effect until HELC has received written notification from me (or either of us) of its termination in such time and in such manner as to afford HELC and Bancfirst a reasonable opportunity to act on it.

Name(s): _____
Please print _____ SSN: _____

Signature(s) _____ **Date**

I (we) wish for this transaction to take place starting on: _____ and to recur:

once a week, twice a month, other: _____

CHECK ONE: I am not currently participating in the Automated Payment Program.
 ADD – Debit the account shown.
 I am currently participating in the Automated Payment Program.
 CHANGE – Change financial institutions and/or account number.

