

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITES (ACH CREDITS)

Company Name: Day Nursery Association of Indianapolis, Inc.

I (we) hereby authorize DAY NURSERY, hereinafter called COMPANY, to initiate credit entries to my (our) Checking Account/ Savings Account (select one) indicated below, at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origin of ACH transactions to my (our) account must comply with the provisions of U.S. law.

| | | | |
|---------------------------|--|-------------------|--|
| Depository (Bank) Name | | Branch | |
| City | | State | |
| Routing Number | | Account Number | |

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

Owner Name _____ Provider Name _____
(Please Print) (Please Print)

Date _____ Owner Signature _____