

Bank Transfer Authorization Form

I authorize Mililani Presbyterian Preschool to electronically debit my bank account according
Business name
to the terms outlined below. I acknowledge that electronic debits against my account must
comply with United States law.

Terms of billing:

- One time on _____ for the amount of \$ _____.
mm/dd/yy
- Starting on _____ and on the 5th of each month through 0.30.18
mm/dd/yy day of the month mm/dd/yy
for the amount of \$ _____.
- Starting on _____ for the amount of \$ _____ and accordingly thereafter per
mm/dd/yy
the terms in invoice(s) _____.

Customer bank account information:

_____ Routing number _____ Account number _____

Account type: Checking Savings Consumer Business

This payment authorization is to remain in effect until I, _____, notify
Customer name
_____ of its cancellation by giving written notice in enough time for the
Business name
business and receiving financial institution to have a reasonable opportunity to act on it.

_____ Customer signature _____ Customer printed name _____ Date