



Direct Debit Authorization Form

I (we) hereby authorize STAY AND PLAY CHILDCARE LLC hereinafter called SPC LLC to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to Debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law.

Please fill in EITHER bank draft information OR credit card information.

| | | | |
|----------------------------------------------------------------------------------|----------------|---------------|--------------|
| _____ | | | |
| Financial Institution Name | | | |
| _____ | _____ | Type of Acct: | ___ Checking |
| Routing Number | Account Number | | ___ Savings |
| *Please attach voided check to this form for debit entries on checking accounts. | | | |

| | |
|--------------------|----------|
| _____ | _____ |
| Credit Card number | Exp Date |

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

Name

Signature

Date

| |
|---------------------------------------------------------------------|
| Amount to charge: _____ |
| Frequency of charge: every _____ days OR on _____ day of the month. |
| Start date: _____ |