



**child
development
services**

Return to:

146 State House Station, Augusta, ME 04333

Telephone: (207) 624-6686, Fax: (207) 624-6837

ACH AUTHORIZATION FORM

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Child Development Services (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution – Branch, City, State, and Zip)

(Signature)

(Date)

(Business Name – PLEASE PRINT)

(Address – PLEASE PRINT)

(E-Mail Address – to streamline our providing remittance data pertinent to the ACH you received)

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

These numbers are located on the bottom of your check as follows:

1 2 3 4 5 6 7 8 9

Routing Number

1 2 3 4 5 6 7 8 9 0 1 2 3

Account Number