

Here We Grow Learning Center

Authorization for Automatic Debits (withdrawals)

On _____ (Today's Date) I/we authorized the following "company":

Here We Grow Learning Center
5206 Anton Drive,
Fitchburg, WI 53719
608-270-9000
EIN: 20-0321329

to initiate debit entries in the amount needed to keep our account at a zero balance and, if necessary, initiate any credit entries to correct an erroneous debit entry to my/our account at the Financial Institution listed below. I/we acknowledge that the origination of these ACH transactions to my/our account must comply with the provisions of U.S. law.

Regularly scheduled payment date: Mondays

First Withdrawal Date:

Financial Institution _____

Account Number _____

City _____

Routing Number _____

This account is a (circle one) **Checking account**

Savings account

I/we understand that this authorization replaces any previous authorization and will remain in full force and effect until the company has received written notification from me (or either of us) of its termination in such time and manner as to afford the company and their Financial Institution a reasonable opportunity to act on it.

Signature of Account Holders name 1 Date

Signature of Account Holders name 2 Date

Please print name Account Holder name 1

Please print name Account Holder name 2