
Recurring Checking Account Debit Authorization For Tuition

I (we) hereby authorize **Pembroke Kids Child Development Center, Inc.** to make recurring debits from the checking account listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect for the period of time specified below or until such time as Pembroke Kids is notified by me (us) in writing to cancel this authorization.

(NAME - Please Print As It Appears On Checking Account)

(ADDRESS - Please Print)

(CITY, STATE, ZIP - Please Print)

(PHONE NUMBER - Please Print)

(EMAIL - Please Print)

Checking Account Number: _____ Routing #: _____

Please attach a **voided** check to this form:

Debit Amount: \$ _____

FREQUENCY (please choose one)

Monthly on the 1st or 15th business day of each month for _____ Months,
beginning during the month of _____.

Twice only, on the following dates: _____ and _____

(Signature)

(Date)

Please return to:
Pembroke Kids Child Development Center, Inc.
32900 Pin Oak Pkwy
Avon Lake, OH 44012

Tel: 440.933.3782
Fax: 440.933.3792
steve@pembrokekids.com
www.pembrokekids.com