



## Automatic Payments (ACH Debits) Authorization Agreement

I \_\_\_\_\_, hereby authorize Helen R. Walton Children's Enrichment Center, hereinafter called COMPANY, to initiate:

- WEEKLY debit entries (every Friday)
- BI-WEEKLY debit entries (every other Friday)

and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account.

<b>Type of Account:</b> <input type="checkbox"/> <b>Checking</b> <input type="checkbox"/> <b>Savings</b>			
<b>Financial Institution Name</b>		<b>Branch</b>	
_____	_____	_____	_____
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
_____	_____	_____	_____
<b>Routing Number</b>		<b>Account Number</b>	
_____		_____	
<b>Start Date will be Friday, _____</b>			

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

\_\_\_\_\_  
**Print Individual Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**\*\*\* PLEASE ATTACH VOIDED CHECK TO THIS FORM \*\*\***

PROCESSED: \_\_\_\_\_