-Staple Check Here-

Automatic Bank Draft – Authorization Form

I hereby authorize Ea$yDraft, as agent on behalf of Bright Horizons Family Solutions, to initiate withdrawals by electronic funds transfer from my checking account, as identified below, for amounts owed to Bright Horizons, including, but not limited to, tuition and program fees, for. In addition, the financial institution at which my checking account is held is hereby authorized to debit my checking account for the withdrawals initiated by Ea$yDraft. If my account does not have sufficient funds to cover the debits authorized herein, I agree to pay the prevailing Returned Debit service charge (currently $25.00), which may be collected electronically, for each transaction that is returned unpaid. I acknowledge that the origination of ACH transactions in my account must comply with all applicable laws and the NACHA operating guidelines.

Customer Information

Child Care Center: McCarran Bright Horizons Child Development Center #0789

Name (as shown on bank account): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (include area code) Day: _____ Evening: _____

Bank Name: _____

Account Number: _____

This authorization is to remain in full force unless revoked or altered. In the event I wish to revoke or alter this authorization, I may do so at any time only by providing written notice to Bright Horizons no later than seven (7) business days prior to the effective date of such revocation or authorization.

I hereby attest that the above information is correct, and I understand and agree to all provisions of this authorization form.

_____ _____

Signature Date

Please attach a voided check with this authorization from. Thank you.

Bright Horizons Use Only	
Center #:	
Tuition = Initial Amount:	
Initial Draft Date:	