

Schedule E: ACH Authorization Agreement – Direct Deposits

<p>AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS) Company Name <u>Better Child Care</u> Company ID Number _____</p>

I (we) hereby authorize Better Child Care, hereinafter called COMPANY, to initiate credit entries to my (our) ___ Checking Account ___ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

<p>Depository (Your Bank)</p> <p>Name _____ Branch _____</p> <p>City: _____ State: <u>Illinois</u> Zip: _____</p> <p>Routing Number _____ Account Number _____</p> <p>This authorization 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 in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.</p> <p>Name(s) _____</p> <p>Date _____ Signature _____</p> <p>NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS <u>MUST</u> PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.</p>
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***** YOU MUST ATTACH A VOIDED CHECK OR A VOIDED SAVINGS ACCOUNT SLIP *****