



NORTH BROADWAY CHILDREN'S CENTER

ACH Authorization Form

If you would like to authorize NBCC to deduct your monthly tuition payment from your checking account please complete the information below and **attach a voided check** to the form.

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I authorize North Broadway Children's Center and the bank named below to initiate automatic transfers from my checking account to cover the cost of my tuition.

Date transfers are to begin _____

Please transfer \$ _____ on the 5th of the month (full tuition)

or \$ _____ ½ the tuition on the 5th and the 20th of each month.

Your name _____ Child's name _____

Bank _____

Routing # _____ Checking # _____

This authorization will remain in effect until cancelled, suspended or revised by the undersigned.

Signature _____

Date _____



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