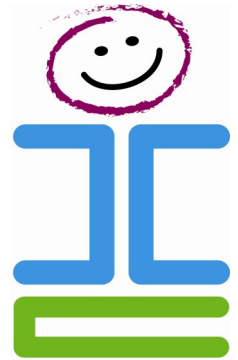


Electronic Funds Transfer Authorization for BANK ACCOUNT

I (we) hereby authorize ITHACA COMMUNITY CHILDCARE CENTER to initiate debit entries to my (our) checking or savings account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit Union members: Please contact your credit union to verify account and routing numbers for automatic payments.



Name: _____ Phone #: _____

Address _____ City: _____ State: _____ Zip _____

Bank or Credit Union

Name: _____ Checking Savings

Routing #: _____ Account #: _____

Signature: _____ Date: _____

