



**Member Name: Sprout Kids Academy, Inc.**

**ACH Debit Origination Authorization**

GreenState Credit Union – Authorization for Automatic Payments From  
Authorized Financial Institution to GreenState Credit Union

I authorize GreenState Credit Union to initiate a debit entry from the checking/savings account at the financial institution named below. This authorization will remain in effect until I notify Sprout Kids Academy in person or in writing to revoke this authorization. I must notify Sprout Kids Academy by the 3pm on the first day of the month before my account is charged.

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Financial Institution Information: (please print clearly)

Name of Financial Institution \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Checking Account    or     Savings Account

Total Amount to Originate \$ \_\_\_\_\_ per month

Please debit my account on the 5<sup>th</sup> of each month beginning \_\_\_\_\_ 20\_\_\_\_\_  
month

I understand that should the regularly scheduled debit date fall on a weekend or federal holiday the debit shall occur on the following business day.

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Parent Signature

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Date