DIRECT PAYMENT VIA ACH AUTHORIZATION FORM (ACH VARIABLE DEBITS)

Please complete and return to ***EduCare Dream Works (DWCA), PO BOX 922 Elizabethtown NC 28337***

Name (s)	
Address	
City, State & Zip	Account No:

Request Type

- ☐ New Authorization
- ☐ Change Financial Institution Account
- ☐ Discontinue

Payment Plan

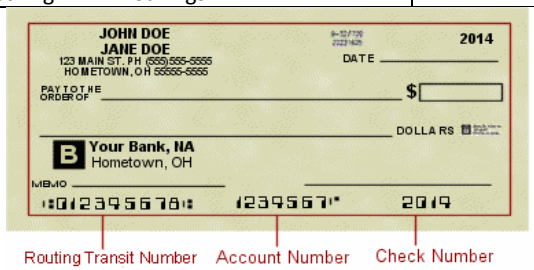
I (we) hereby authorize COMPANY, hereinafter called COMPANY, to initiate electronic debit entries to my (our) accounts at the financial institution indicated below, and if necessary, credit my (our) account to correct erroneous debits. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Variable Direct Payment Program

Each month the full amount of your invoice will be deducted on the _____st of each month. Payment may be deducted on the first or second business day following the ____st. Per Nacha Operating Rules, ACH payments may not be taken prior to your due date. The COMPANY has agreed to send an invoice indicating each Direct Debit's net amount and the date such debit will be taken from my (our) account. The invoice will include the following message: "Do Not Pay. The current charges will be deducted from your account on _____."

Banking Information

Financial Institution Name	Branch	Account Number
Account Type ☐ Checking ☐ Savings	Bank's Routing Transit Number	



Attach Voided Check Here

I (we) hereby authorize COMPANY to initiate debit entries to my (our) account at the financial institution listed above. This authorization will remain in full force and effect until I (we) notify COMPANY (insert which manner of revocation, i.e., in writing, by phone and method of the delivery address, phone number) within ___ business days of our intent to either discontinue service or change depository financial institutions and or account numbers. I (we) acknowledge that we are the account holders of record at the financial institution provided in this authorization.

Authorized Signatures

Print Name	**Print Name**
Signature	Signature
Title	Title

Office Use Only

Date Received:	Prenote Date:	Copy of Notice Mailed:	Debit Start Date:	Debit End Date:	Revocation Date