

**DIRECT DEPOSIT VIA AUTOMATED CLEARING HOUSE ( ACH)  
ENROLLMENT FORM**



Direct Deposit via ACH is the TRANSFER of funds FROM YOUR ACCOUNT TO Epiphany Children's Centre account.

I (we) hereby authorize Epiphany Children's Centre to electronically debit my (our) account of any balance owing on the first day of the fee period.

Select One:  Checking Account  Savings Account

From the financial institution named below. ( PLEASE PRINT CLEARLY)

Bank Name/Number: \_\_\_\_\_

Transit Number: \_\_\_\_\_

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

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

Child/Children's Name: \_\_\_\_\_

Email: -----

I (we) understand that this authorization will remain in full force and effect until I (we) notify EPIPHANY CHILDREN'S CENTRE that I (we) wish to revoke this authorization. I (we) understand that EPIPHANY CHILDREN'S CENTRE requires at least 4 weeks notice to revoke this authorization.

I (we) are aware that any charges to the Centre due to NSF ( not sufficient funds) will be invoiced to the parent.

I (we) hereby authorize Epiphany Children's Centre to electronically debit my (our) account of any balance owing on the first day of the fee period. I(we) are aware that there will be an additional charge of \$1.00/fee period charged, to use the ACH Payment method

Name(s) \_\_\_\_\_ --(Please Print)

Date \_\_\_\_\_

Signature(s) \_\_\_\_\_