



900 Massachusetts Ave. NW, Washington DC 20001

Ph 202-737-5454 - Fx 202-737-4646

www.bambinidc.com

DIRECT DEPOSIT ENROLLMENT FOR PARENTS

Please circle one option: Initial Request / Change Request

NAME _____

MAILING ADDRESS (No., Street, City, State, ZIP) _____

DAYTIME PHONE NO. _____ NAME OF FINANCIAL INSTITUTION _____

ROUTING NO. _____ ACCOUNT NO. _____

I authorize "Bambini Play & Learn" and the financial institution to process credit entries to the bank account number stated on this form. I will notify "Bambini" of any known changes or closure of my bank account. When "Bambini" is notified by my financial institution of changes affecting this direct deposit, "Bambini" is authorized to make the applicable changes. This authorization is to remain in effect until a new authorization is received.

SIGNATURE _____ DATE _____

Please submit this form with a copy of a voided check to:

Bambini Play & Learn
Attn: Silvina Hopkins, Director
900 Massachusetts Ave NW,
Washington, DC 20001

NOTE:
Your enrollment cannot be processed without a copy of a voided check attached. Thank you.

Please attach voided check here.