Debit Authorization

I (we) hereby authorize Community After School Program, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for Childcare Expenses. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

PERSONAL INFORMATION

Name _____ Phone _____

Address _____ Email #1 _____

City/St./Zip _____ Email #2 _____

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name _____ Routing Number _____

Branch _____ Account Number _____

Address _____ Account Type: _____ Checking

City/St./Zip _____ _____ Savings

I understand that I authorize COMPANY to debit my (our) account for all monthly childcare expenses from the above referenced account on the first business day of the month. I understand the amount debited each month may vary dependant on fees incurred including, but not limited to, changes in enrollment, late pick-up fees and annual enrollment fees. I further understand that if I wish to revoke this authorization, I must notify COMPANY in writing at least 5 business days prior to the scheduled date.

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it (not less than 5 business days).

_____
(Print Individual Name)

_____ _____
(Signature) (Date)

MUST ATTACH A VOIDED CHECK TO THIS FORM!