

Authorization to Debit Account for Payment

Information

Date: <input style="width: 90%;" type="text"/>	Phone Number: <input style="width: 90%;" type="text"/>	
First Name: <input style="width: 90%;" type="text"/>	Middle Initial: <input style="width: 50%;" type="text"/>	Last Name: <input style="width: 90%;" type="text"/>
Address: <input style="width: 90%;" type="text"/>	City/State: <input style="width: 90%;" type="text"/>	Zip Code: <input style="width: 90%;" type="text"/>
Bank Name: <input style="width: 90%;" type="text"/>	Account Number: <input style="width: 90%;" type="text"/> Routing#: <input style="width: 90%;" type="text"/>	Withdraw from <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Automatic Account Payment

Select One:

- Withdraw total balance on the 1st of each month
- Withdraw ½ of balance on the 1st and ½ on the 15th of each month
- Withdraw in 4 equal payments of tuition on the first 4 Fridays each month

I authorize Kool Kidz Adventure Academy to transfer money from one account to pay the balance I have with the center. The following authorization also applies. I authorize you to charge my/our account (number shown above) for the regular payments due on my account. I authorize you to transfer amounts subject to change without prior notification to me of the new amounts to be transferred due to (1) late charges assessed; (2) delinquent amounts due; (3) any other payment amounts required under the terms of the account identified above. Kool Kidz Adventure Academy may at their option discontinue automatic funds transfer from my accounts if I fail to maintain adequate funds in my account to cover the payments required under the terms of my account. If payment is declined a \$30 fee will be added to my balance. All transfers for payment of my account will be made on each payment due date as specified in my contract. It is further understood that I may terminate this authorization by giving not less than ten (10) days written notice to Kool Kidz Adventure Academy.

Authorized Signature (Signature must be the same as on the Childcare Contract)

Please complete, sign, date, and return this form in its entirety.

Customer Signature

Date