

# Sacred Heart's Childcare Payment Program

## Authorization Agreement for Automatic Payment (Debits)

**Sacred Heart Childcare**

**9420725234**

Company Name

Company ID#

I (we-if joint account) hereby authorize **Sacred Heart Childcare** to initiate debit entries (*variable amounts based on established rates*) from my account as indicated: **(please make an "x" for only one of the options listed below)**

\_\_\_\_\_ **Monthly** (Billing on LAST Monday of each month to be debited on following Friday)

\_\_\_\_\_ **Weekly** (Billing on each Monday to be debited on following Friday)

and to initiate, if necessary, credit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereinafter called Depository, to credit the same to such account.

Bank/Financial Institution Name/Number

Branch

City, State Zip

Routing Number/ABA\*

Bank Account Number\*

Type of Account (*Select One*): \_\_\_\_\_ Checking      \_\_\_\_\_ Savings

This authority is to remain in full force until \_\_\_\_\_ (Date) or Sacred Heart Childcare has received written notification from me (or either of us) of its terminations in such time and in such manner as to afford Sacred Heart School and Depository a reasonable opportunity to act on it.

Name (*Please Print*)

E-mail Address (*for debit notification*)

Signature

Date

Name (*if joint account – using the term "and"*)

Signature

Date