

WHIZ KID DAYCARE

AUTOMATIC PAYMENT AUTHORIZATION FOR CHECKING ACCOUNTS (EFT)

Please print the following information:

Child's full name(s) _____

Person authorizing automatic draft payments:

Name _____

Address _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____

Bank ROUTING # _____ Account # _____

Monthly Draft Amount \$ _____ **checking/saving**

I hereby authorize monthly tuition payments, as shown above, to be drafted from the account designated above. In the

event that I change my checking service to a different bank or different account, I will notify **WHIZ KIDS DAYCARE INC.** in writing at least 15 days prior to the date of my next scheduled automatic payment. I understand that a bank draft

carries all the same responsibilities as a check and I agree to maintain funds available in the designated account to cover these drafts as they occur. I will give a 30 day written notice to **WHIZ KIDS DAYCARE INC.** before stopping the automatic draft payment, or if for any reason I withdraw my child from **WHIZ KIDS DAYCARE INC..**

Please note: All bank drafts or checks returned by our bank as NSF, Account Closed, or for any other reason, will be charged a \$20.00 returned check fee. A separate draft for the \$20 Returned Check Fee will be submitted on your account.

I hereby authorize drafts from my checking account only as specified above.

Name _____ Date ____/____/____

ATTACH VOIDED CHECK HERE