

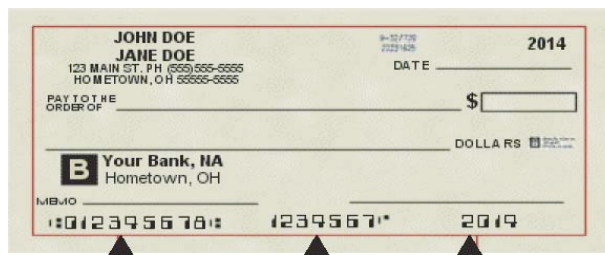
AUTOMATIC PAYMENT AUTHORIZATION FORM

Thank you for paying your tuition with Automatic Payment. Electronic payments save a lot of time and hassle for everyone. Banking rules require that you give your approval to pay your bill in this way. The approval remains active until you want to cancel it.

Automatic Payment is safe, efficient and consumer friendly. Banking laws protect consumers like you from having to worry about someone taking money from your account by using Automatic Payment in an unauthorized manner. Please complete this form, attach a voided check and return it to the office so we can initiate your automatic payment. If you are already enrolled and your banking information has changed, you must resubmit this form with voided check from your new account.

I hereby authorize Ames Child Care Center to initiate the entries to my checking or savings account at the financial institution listed below. This authority will remain in effect until five days after I provide Ames Child Care Center written notice to cancel it.

_____ Your Name (please print)	_____ Bank or Credit Union Name
_____ Your Address	_____ Bank or Credit Union Address
_____ City State Zip	_____ City State Zip
_____ Account Number	_____ Transit/ABA Number
_____ Your Signature	_____ Today's Date
My first automatic payment will be made on _____ / _____ / _____	
Subsequent payments will be made <input type="checkbox"/> every two weeks or <input type="checkbox"/> _____	
The amount of each payment shall be \$ _____	
Child's Name _____	



↑ ABA/Transit Number
↑ Account Number
↑ Check Number

Office Use

Date Entered:	By:	Child/Children
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