

# Automatic Payment Processing

## SAFE- CONVENIENT- EASY

(Checking/Savings Account)

I (we) hereby authorize the AISD 3<sup>RD</sup> Base Child Care Program to initiate recurring charges to the below referenced checking/savings account. *To properly affect the cancellation of this agreement, I (we) am (are) required to give 10 days' written notice. I (we) also understand it is my (our) responsibility to keep this information updated and if for some reason the charge is declined, a \$25 Declined Draft Fee charge will be added to the account.*

**\*\*Must attach a voided check.\*\***

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank/Credit Union Name: \_\_\_\_\_

Bank/Credit Union Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Please Choose one of the following:

Checking:  or Savings:

**Monthly** (Please draft my account on the 1<sup>st</sup> business day of each month for my full monthly payment.)

**Bimonthly** (Please split my monthly payment in half and draft my account on the 1<sup>st</sup> business day of every month and on the 15<sup>th</sup> of every month.)

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name(s): \_\_\_\_\_

Campus: \_\_\_\_\_



<p><b>Office Use Only:</b></p> <p>Date Entered into Procure: _____</p> <p>Initials: _____</p>
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