

Alliance After-School Care Debit Authorization Form

I hereby authorize Alliance for Women & Children to withdraw funds from my checking or savings account at the financial institution listed below and if necessary, initiate adjustment for any transactions credited/debited in error. I authorize a returned payment fee of \$20 to be withdrawn from my account as needed. This authority will remain in effect until the Alliance is notified by me in writing to cancel it. I have attached a voided check to verify my account information. All drafts will be withdrawn on the 4th business day of the month and/or the 15th of the month. **Proof of bank account number and bank routing number is required upon request of direct draft*.*

The Direct Draft option automatically earns you the On-Time Payment Discount, saving you \$43 for one child, and \$74 for two children, and \$104 for three children. A returned payment for Insufficient Funds will forfeit this discount. Therefore, the full rate for the month in which an NSF occurs will be \$188 for one child, \$376 for two children, and \$564 for three children – plus a \$20 NSF fee.

Tape Voided Check Here

Deposit slips not accepted.

Name of financial institution: _____

Address of financial institution: _____

Checking/savings account #: _____

Financial institution routing #: _____

Name (PLEASE PRINT): _____

Child/Children names: _____

Monthly Fee: \$_____ - \$5 direct draft discount \$_____

Month to begin to draft (circle one):

October

November

December

January

February

March

April

May

Select preferred

date to draft: _____ 4th business day of the month _____ 15th of the month

_____ Split Payment

Signature: _____

Date: _____