

# Alliance After-School Care Debit Authorization Form

I (we) hereby authorize Alliance for Women & Children to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and if necessary, initiate adjustment for any transactions credited/debited in error. I (we) authorize a returned payment fee of \$20 to be debited from my account as needed. This authority will remain in effect until the Alliance is notified by me (us) in writing to cancel it in such time as to afford the Alliance and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it. I (we) have attached a voided or cancelled check to verify my account information. All drafts will be withdrawn on the 4<sup>th</sup> business day of the month. You must sign up before the 1<sup>st</sup> of the month that you want the draft to begin.

## Tape Voided Check Here

If Voided Check is provided, institution information can be left blank. Deposit slips not accepted.

\*Proof of bank account number and bank routing number is required upon request of direct draft\*

Name of financial institution: \_\_\_\_\_

Address of financial institution: \_\_\_\_\_

Checking/savings account #: \_\_\_\_\_ Financial institution routing #: \_\_\_\_\_

(check the box for the type of account you want drafted)

**Checking** \_\_\_\_\_

**Saving** \_\_\_\_\_

Name (PLEASE PRINT): \_\_\_\_\_

Child/Children names: \_\_\_\_\_

Total Monthly Fee \$ \_\_\_\_\_

Month to begin to draft (circle one): January February March April May  
October November December

Preferred Date to Draft: \_\_\_\_\_ 4<sup>th</sup> business day of the month \_\_\_\_\_ 15<sup>th</sup> of the month  
\_\_\_\_\_ Split Payment

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date