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 All drafts will be withdrawn on the 4th business day of the month and/or the 15th of the month. You must sign up before the 1st day of the month that you want the draft to begin.

The Direct Draft option automatically earns you the On-Time Payment Discount, saving you $38 for 1 child, and $65 for two children and $92 for 3 children. Plus $5 off per month! 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 1 child, $320 for 2 children and $452 for three children. Plus a $20 NSF Fee.

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 #: ________

Checking Account ____  Savings Account ____

Name (PLEASE PRINT): ________________________________________________________________

Child/Children names: _______________________________________________________________

Total Monthly Fee $___________ - Discount $5 = $______________

Month to begin to draft (circle one): October  November  December

January  February  March  April  May

Preferred Date to Draft: _____ 4th business day of the month       _____15th of the month

_____ Split Payment

__________________________________________                       _________________

Signature                                                      Date