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 All drafts will be withdrawn on the 4th business day of the month and/or the 15th of the month.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