

CHILDHELP COMMUNITY CENTER

Automated Clearing House Authorization form
Complete this form / PLEASE PRINT CLEARLY

Client Name _____
Client Address _____ City _____ State _____ zip _____

Client Contact Information:

Home Phone # _____ Cell Phone # _____
Work Phone # _____ Email Address _____

Child's Name _____
School _____

Program: Before After Before & After Wednesday Early Release Only

I authorized Childhelp, Inc. to take tuition in the amount of \$ _____ Via ACH from our account or credit card below on the 15th of the month prior.

BANK ACCOUNT INFORMATION

Please provide your bank's ABA number and the number of the checking or savings account to which we should process payments. **Attach a voided check.** Use sample check at the bottom of this form to locate the routing information on the MICR line of your check. For a savings account, contact your bank to obtain the correct ABA routing number. You should also verify with your bank that their institution is a member of the Automated Clearing House.

Bank Name _____ Bank Location _____
ABA/Transit Routing Number _____
Account Number _____

This account is: Checking Savings

Or

CREDIT OR DEBIT CARD INFORMATION

Type _____ Card # _____ Exp. Date _____

This authority is to remain in full force and effective until Childhelp, Inc., has received written notification from us of its termination in such time and manner as to afford Childhelp, Inc., a reasonable time to act on it.

NOTE: A fee of \$ 25.00 will be assessed for returned payments, plus a late fee if applicable.

Signature _____ Date _____

Print Full Name _____