Authorization Agreement for Automatic Tuition Payment

In order to be more efficient and accurate in our accounting methods, all tuition is paid by ACH.
This supports our efforts to protect the environment.

for (child's name and room)_____

(If filling out for more than one child, put child's name and room on for each child)

I hereby authorize Woods Hollow Children's Center, Inc. to initiate debit or credit entries to the account listed below. I understand a monthly billing notice will still be sent out listing the contracted tuition amount plus any additional charges. My bank account will be debited either monthly on the 5th for the total amount due or bimonthly on the 5th and the 20th to equal the total amount due (based on the payment option designated on the enrollment contract).

Name on Account at Financial Institution	Financial Institution Account Number
Financial Institution Name	**Financial Institution Routing Number***
Type of Account Checking □ Savings □(may require a letter from your financial institution)	**Please debit my account** **Monthly □ Bimonthly □** (on the 5th) (on 5th and 20th)

This authority is to remain in full force until the above named Company receives a written notification from the Account Owner to terminate this agreement, allowing 7 business days for the parties involved to act upon the termination.

For continuing families: Fill out your child's name and classroom for the new program year. Please check the box, sign and date in box below on the left. We will use the information we currently have on file.

□ Please use my info from the previous year
   (sign and date below)

Account Owner		**Woods Hollow Acceptance** ***For office use only***	
Printed Name		Start Date	Initials
Signature			
		Cancellation Date	Initials
Date			
		Place original in file-send copy to bank	

Please staple a voided check of the account to be debited below.   (no deposit slips accepted)

* The Financial Institution Routing number is the nine-digit number on the bottom left of a check