



KIDS AFTER HOURS

Always Time for Fun!

kidsafterhours.com

Authorization Agreement for Automatic Payment

I, _____, hereby authorize Kids After Hours, Inc., to initiate debit entries to _____ (your name) Checking () Savings () account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same such account.

Amount _____

Debit date: 1st of the month

Depository _____

Name

City

State

Banking Transit / ABA No. _____ Account No. _____

(Always 9 digits)

ATTACH TO THIS FORM A VOIDED CHECK IF CHECKING ACCOUNT DEBIT OR A SAVINGS DEPOSIT TICKET IF SAVINGS ACCOUNT. (Please Note: Savings deposit ticket may not include DEPOSITORY bank's transit / ABA number.)

This authorization is to remain in full force and effect until Kids After Hours, Inc., has received written notification from _____ (your name) of it's termination in such time and in such manner as to afford Kids After Hours, Inc., a reasonable opportunity to act on it.

Authorized Signature for Above Account

Printed Name

Date

Authorized Signature for Above Account
(If second signature is required)

Printed Name

Date

**Please note that there is a \$35 charge for uncollected tuition due to insufficient funds.