



Palo Alto Community Child Care
 3990 Ventura Court, Palo Alto, CA 94306
 P (650) 493-2361 | F (650) 493-0936

Automatic Debit Authorization Future Payments

FOR PACCC USE ONLY

Acct #

NEW REVISED

I (we) hereby authorize Palo Alto Community Child Care, hereinafter called PACCC, to initiate debit entries to my/our account indicated below at the Depository Financial Institution named below, hereinafter called DEPOSITORY, and to debit the same to such account beginning [] / [] / [] (date). This authorization is to remain in full force until PACCC has received written notification from me (or either of us) of its termination in such time and in such manner as to afford PACCC and DEPOSITORY a reasonable opportunity to act on it.

Account Holder Information

PLEASE PRINT

Name(s) _____

Street Address _____ City _____ State _____ Zip _____

Work Phone _____ Cell Phone _____

ACCOUNT HOLDER(S)

Signature _____ Signature _____

Account Information

CHECKING SAVINGS DEPOSITORY Name _____

Branch _____ City _____ State _____ Zip _____

Routing # _____ Account # _____

** Please attach a voided check for a checking account, or a deposit slip for a savings account. **

Authorization

I hereby authorize Palo Alto Community Child Care (PACCC) to debit my account for child care services provided to:

Name(s) of child(ren) _____ PACCC center(s) _____

in the following amounts:

Monthly Tuition

\$ []

(For school-age programs, August will be charged at 1/2 of the monthly fee.)

Deposit

\$ []

(Required, 1/2 the monthly tuition, will be applied to the last 2 weeks of care upon termination of services.)

Registration Fee

\$ []

(If applicable, a one-time, non-refundable charge of \$50 for new enrollments or for re-enrollment after termination of services.)

Monthly Contract Donation

\$ []

One-Time Donation

\$ []

I wish to remain an anonymous donor

My Employer will match my gift

 Company Name

See Donation Form for more information

Extra Hours/Late Fees - Check this box to authorize PACCC to debit your account for extra hours/late fees.

Receipts - Check this box and PACCC will send you a receipt each month.

Please notify PACCC if any information you have provided on this form changes.