

## Automatic Debit Authorization Future Payments

	FOR PACCC USE ONLY
cct #	

	NEW REVISED	
	Community Child Care, hereinafter called PACCC, to initiate debit entries to my/our account Financial Institution named below, hereinafter called DEPOSITORY, and to debit the same to (date).	
CHECKING SAV	NGS	
Depository Name	Branch	
City	State Zip	
Routing #	Account #_	
	voided check for a checking account, or a deposit slip for a savings account.	
i rease accuent		
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.		
Please print:		
Name(s)		
Street Address		
City	State Zip	
Work Phone	Cell Phone	
Account holder(s)		
Sign here	Sign here	
Please check this box to a	uthorize PACCC to debit your account for extra hours/late fees.	
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:	\$ SMonthly Tuition (For school-age is half the monthly tuition.)  Shalf the monthly tuition.)	
Need a receipt? Check t	nis box and PACCC will send you a receipt each month.	

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

O:\Admin\Contracts\Auto Debit Forms 4/15/2014