

Automatic Payment Authorization Form



All Automatic Payments will incur a 2.25% transaction fee.

Contributor Information

Contributor Name: _____ Childs Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____
E-Mail Address: _____
Main Phone: _____

Payment Method Information

Payment Amount: _____

Account Type, *circle one*: Checking Savings
Routing Number: _____
Account Number: _____

Account Type, *circle one*: Credit Card Debit Card
Account Number: _____
Expiration Date: CVC Code: _____
Name On Card: _____

Same Billing Address As Contributor Record

Billing Address 1: _____
Billing Address 2: _____
Billing City: _____
Billing State: _____ Zip: _____

Payment Category

Preschool Tuition ASEP (Afterschool Enrichment Program) Extended Day Early Drop-off
 Chickadee Lunch Club Summer Camp Membership Renewal Nature Program

Sign Name: _____
Print Name: _____ Date: _____

For Office Use Only: Number Of Payments _____