

# Payment Processing SAFECONVENIENCEASY

(Checking/Savings Account)

I (we) hereby authorize the AISD Base Child Care Program to initiate recurring charges to the below referenced checking/savings account **8 (c)4 (oun)-3 (8 (c)4 (oun)-3 (8 (c)4 (oun)-3** written notice. I (we) also understand it is my (our) responsibility to keep this information updated and if for some reason the charges are declined a \$25 Declined Draft Fee charge will be added to the account.

**\*\*Must attach a voided check.\*\***

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank/Credit Union Name: \_\_\_\_\_

Bank/Credit Union Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Please Choose one of the following: \_\_\_\_\_ Checking: \_\_\_\_\_ or Savings: \_\_\_\_\_

**Monthly** (Please draft my account on the 1<sup>st</sup> business day of each month for my full monthly payment.)

**Bimonthly** (Please split my monthly payment in half and draft my account on the 1<sup>st</sup> business day of every month and on the 15<sup>th</sup> of every month.)

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name(s): \_\_\_\_\_

Campus: \_\_\_\_\_

