Angel's Nest Child Development Center

AutoDraft Authorization Form

STEP 1 - COMPLETE and SIGN to Authorize

Parent #1		**Parent #2 (Optional)**	
First Name	______________________	First Name	______________________
Last Name	______________________	Last Name	______________________
Cell Phone	( ) ______________	Cell Phone:	( ) ______________

Parent #1 Email

Parent #2 Email

Email Preference ☐ Parent #1 ☐ Parent #2 ☐ Both << To receive Automatic AutoDraft Email Reminder

Address: ____

City ______________________ State ________ Zip ____________

Home Phone: ( ) ______________

	Child First Name	**Child Last Name**	**Classroom**
#1			
#2			
#3			

AutoDraft Start Period: __________ / __________ (Mo/Yr)

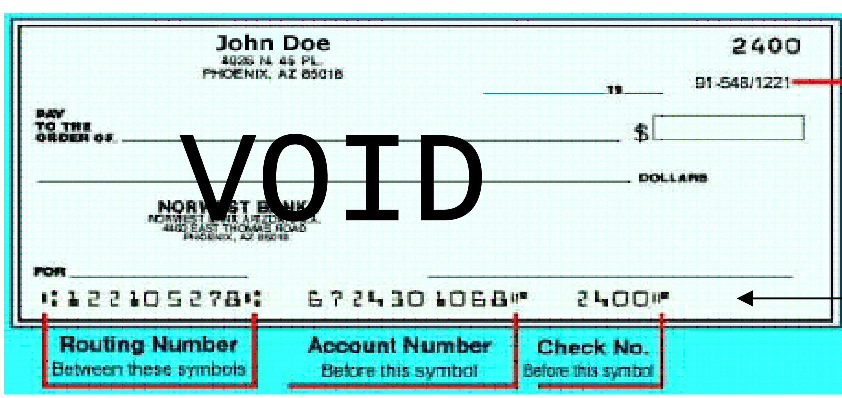
I (we) hereby authorize, **Angel's Nest CDC** , to draft my checking account at the financial institution indicated below on **xx DAY of EVERY MONTH** for the amount of my regular childcare tuition and/or other childcare related fees which are due as in accordance with the Admission Agreement, Parent Handbook and Tuition sheet. This authorization shall remain in force until I (we) cancel the AutoDraft service with a 30-day written notice. Cancellation does not negate my responsibility to pay my child care tuition or serve as notice to withdraw from the program. I understand I will be charged $25 if my draft is returned for insufficient funds.

______________________________ ______ / ______ / ______

SIGNATURE DATE

STEP 2 - ATTACH A VOIDED CHECK

STAPLE A VOIDED CHECK IN THIS CORNER



DEPOSIT SLIP NOT ACCEPTED

DO NOT write VOID over the bank routing & account numbers here)

STEP 3 - RETURN COMPLETED FORM TO CENTER DIRECTOR

(Rev 5. 12/04)