Action Day | Primary Plus

PRIVATE INFANT CARE · PRESCHOOL · ELEMENTARY · MIDDLE SCHOOL

AutoDraft Authorization Form

STEP 1 - COMPLETE and SIGN to Authorize

Campus Location:

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		

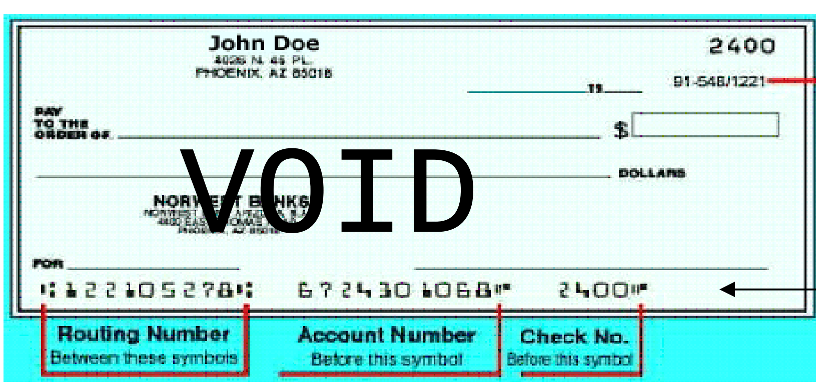
AutoDraft Start Period: / (Mo/Yr)

I (we) hereby authorize, **Action Day Primary Plus**, to draft my checking account at the financial institution indicated below on **1st 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 6. 5/06)