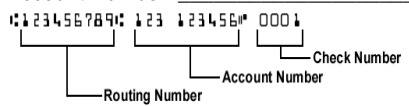# AUTHORIZATION FORM

Organization Name: CTK Kids Learning Center   **ES11687-LC**

FOR OFFICE USE ONLY	CHILD #	DATE

Effective date of authorization: _____/_____/_____   Name of child: _____

Type of authorization: ❑ New authorization   ❑ Change payment amount   ❑ Change payment date
                          ❑ Change banking information   ❑ Discontinue electronic payment

Last Name	First Name
Address	
City	State · Zip
Email	

Date of first payment:	**Frequency of payment:** (please check only one)	**Amount of maximum payment:**
_____/_____/_____ (mm//dd/yy) **Date of last payment** (optional)**:** _____/_____/_____	❑ Bi-Weekly on Mondays ❑ Monthly on the 1st	$ _____

CHECKING / SAVINGS

Please debit payments from my (check one):

❑ Savings Account (contact your financial institution for Routing #)

❑ Checking Account (attach a voided check below)

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____

⑆123456789⑆ 123 ⑈123456⑇ 0001
— Check Number
— Account Number
— Routing Number

I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature:_____   Date:_____

AUTHORIZATION FOR MISCELLANEOUS FEES:

If miscellaneous fees are incurred at any time during the month, an invoice for each fee will be submitted to parents within 48 hours of each occurrence.

An invoice recapping all miscellaneous fees incurred during the month will be submitted to parents on the last day of the month. The transaction to collect all miscellaneous fees shown on the invoice will be settled on the 10th of the following month.

List of Miscellaneous Fees:

Late payment Fee: $10.00
Modified Meal/Supplemental Meal: $1.00/item
Late Pick UP Fee: $15.00/occurrence
Drop-in Fee: $20.00/day
Transportation Fee: $_____/month

AGREEMENT

I authorize the CTK Learning Center to process variable entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature:_____   Date:_____

If using a checking account, please attach a voided check at the bottom of this page.