



## Direct Payment Authorization

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Child's Name: \_\_\_\_\_

I (we) hereby authorize Kid Country Childcare to initiate debit entries and, if necessary, credit correction and adjustment entries, to my (our) account at the financial institution listed below:

Financial Institution Name \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Routing & Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_

Account type (circle one):                      Checking                      Savings

This authority is to remain in full force and effect until Kid Country Childcare has received written notification from the customer of its termination in such a time and manner as to afford Kid Country Childcare a reasonable time to act upon it.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*Please return this completed form to the Director's office with a voided check or financial institution account verification letter attached.*