



Bank Draft Authorization

Automatic Bank Draft is made available to you for payment of program tuition. If you wish to use this option for payment, please complete this consent form to allow an Automatic Bank Draft.

Attach a **voided check** from your account and return this form to a day care director. Bank drafts will go through on a monthly basis on or near the 1st of the month due. If you have any questions or concerns, please contact Justine Martin.

BANK DRAFT AUTHORIZATION

Date: _____
Bank: _____
Account: _____
Name on Account: _____
Address: _____
City: _____
State: _____ Zip: _____
Child's Name: _____

I authorize McFarlin Memorial United Methodist Church Day Care to draft monthly payments from my account in the amount of \$_____.

I have enclosed a voided check which will be used to set up the draft with my bank.

Signature _____
Printed Name: _____
Date: _____

Attach voided check