

'In His Hands' Child Development Center
1818 4th Ave
Canyon, TX 79015

**DRAFT
AUTHORIZATION**

A one week written notice is required for any draft changes or cancellations.

Begin payments in: August September October November December
(Please circle month)
 January February March April May

Choose Payment Option (place a check by desired day of month)

3rd only 16th only half on 3rd and half on 16th

Full Name on Account (Please print):		
Address:		
City:	State:	Zip:
Bank Name & Address:		
Please accept my ongoing payment from my:	Checking Account	Savings Account
Routing Number:	Account Number:	

I authorize 'In His Hands' Child Development Center to process these draft entries to my account. I have attached a voided check. I understand that this authority will remain in effect until the last day of the current school year or I give a minimum of one week written notice. A new draft authorization form is required for each school year.

I understand that the draft amount will vary as needed for drop in fees, vacation credits, schedule changes or for any other authorized tuition changes. **I agree to pay a \$25.00 return fee if my draft is returned by my bank for insufficient funds.**

Authorized signature on my account: _____ Date _____

Child(ren)'s Name(s): Last _____ First _____
 Last _____ First _____
 Last _____ First _____

Attach voided Check Here