

**GRANDMA'S HOUSE DAY CARE CENTER, Inc.**

(ENDORSED BY CORNERSTONE COMMUNITY BANK)

3150 N. Brookfield Rd., Brookfield, WI 53045

Choose one of the following:

Tosa

Highland

Brookfield

Hartland

Auto-pay Authorization

Discontinue Auto-pay

Beginning Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Childcare fees in the amount of the balance due for the next two weeks will be deducted every other Friday.

\*Balance due includes tuition, field trips or other fees.

Example: On Friday, February 10 fees will be withdrawn for the weeks of February 13 and February 20

Name (please print) \_\_\_\_\_

Child(ren) Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_ Phone number \_\_\_\_\_

Directly charge the account specified below: (circle one)

Checking account (attach voided check)                      or                      Savings account (attach bank letter)

Name of bank: \_\_\_\_\_

Routing number: \_\_\_\_\_

Account number: \_\_\_\_\_

I authorize Grandma's House Day Care Center Inc. to process debit entries to my account. I have attached a voided check or bank letter. In the event funds are deducted erroneously from my account, I authorize Grandma's House Day Care Center, Inc. to credit my account for an amount not to exceed the original amount of the erroneous debit. This authority will remain in effect until I give written notification of at least 14 days prior to withdrawal date to terminate this authorization.

Authorized signature on my account: \_\_\_\_\_ Date: \_\_\_\_\_