



Children's Center of the Upper Valley
 178 Mechanic Street, Lebanon, NH 03766
 Phone (603) 448-1615
 Email questions to : j.hosmer@ccuv.org

**AGREEMENT for AUTOMATIC WITHDRAWAL
 OF CCUV CHILDCARE FEES**

I hereby authorize the Children's Center of the Upper Valley, hereinafter called CCUV to initiate entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account indicated below and the financial institution named below, hereinafter call FINANCIAL INSTITUTION, to debit and/or credit the same to such account.

Financial Institution (name) Branch

Address City/State Zip Code

Routing # Type of Acct: _____ Checking _____ Savings

Account# Charge My Account the Contracted Fee Amount
_____ Weekly- Every Friday
_____ Biweekly- Every other Friday
_____ Monthly- Last Friday of previous Month

This authority is to remain in full force and effect until CCUV has received written notification from me of its termination in such time and manner as to afford CCUV and Financial Institution a reasonable opportunity to act on it.

Child's Name Email Address

Name on bank account Signature

Date Start date for withdrawal

_____ Include full balance due (if any) up to
 time of first withdrawal
 _____ I will pay balance due (if any) by check or cash