



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. Please note some months have five Fridays, and you will be billed accordingly.

Child's Name _____
Email Address

Name on bank account _____
Signature

Date _____
Start date for withdrawal

_____ Include full balance due (if any) up time of first withdrawal



_____ I will pay balance due (if any) by check or cash