



Autopay Authorization Form

I authorize Bethel Dominion Childcare Center and their financial institution below to initiate debit/credit entries on my behalf with the information provided below.

Please select one account: Checking Savings Credit/Debit

Recurring Amount: \$ _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

If you are using a credit/debit card:

Name on card (as written): _____

Card Number: _____

CVV Code: _____ Expiration Date: _____

If you are using a bank account (checkings/savings):

Financial Institution (i.e Santander): _____

Name on Account: _____

Account Number: _____

Routing Number: _____

Signature

Date

Please return this application along with a voided check if you are using a banking account. Note: There is \$30.00 fee for bounced checks or declined cards.