



Kids Klub, Inc.



Electronic Funds Transfer / Electronic Credit Card Charge Automatic Payment Agreement

Child(ren)'s name(s) _____ Kids Klub Site _____

Payment Plan I – Automatic Bank Draft (weekly draft from checking or savings account)

Print Name on the Account _____ Checking
 Savings

Address _____ City _____ State _____ Zip _____

Name of Bank _____

Routing Transit Number _____ Account Number (attach voided check) _____

Authorized signature _____ Date _____

Payment Plan II – Credit Card (weekly charge to credit card)

Type of account to be charged (check one): Discover MasterCard Visa

Credit Card Number _____

Expiration Date _____ 3 Digit Security Code from Back of Card _____

Name as it Appears on the Account _____

Address _____ City _____ State _____ Zip _____

Authorized signature _____ Date _____

Bank Authorization for Payment Plans I & II

I authorize Kids Klub, Inc. to deduct my child(ren)'s weekly tuition and any applicable fees (snow days, field trips, registration fee, activity fee, etc.) on Friday of each week prior to the week of service from my account with the financial institution named above for payment. In the event of a Friday holiday, interruption to business computer services, weather or any other physical event, the charges will be applied on the next business day.

I understand that I have the right to stop these automatic payments upon 14 days written notice to Kids Klub, Inc. prior to the time my account is charged. I also understand that Kids Klub, Inc. reserves the right to end this payment plan and my participation therein. I understand that transactions returned unpaid by my financial institution will result in a \$25 returned fee being added to my Kids Klub Inc. account.

Please start with the billing cycle beginning _____ (month) _____ (day) _____ (year).

Authorized signature _____ Date _____

Payment Plan III I will pay weekly on Friday to Director by cash or check _____

Our Mission

To provide family, youth and child services in a safe, structured and nurturing environment through a team of dedicated professionals.

Please refer to the sample check below to identify the placement of your bank's nine-digit routing number and your bank account number if you wish to have your EFT payments drawn from your checking account.

Your bank's routing number is the nine-digit number at the bottom left of your check. Your bank account number is to the right of the routing number. Do not enter any non-numeric characters in your bank account number. Do not enter the check number as part of the account number. If you have any questions about these numbers, please contact your bank or financial institution.

John & Jane Doe
123 Main Street
Anytown, NY 12345

Date _____

PAY TO THE ORDER OF _____ \$

_____ Dollars

ANYTOWN BANK
Anytown, MI 12345

:090090099: 1357902468 1234

Bank Routing Number Account Number Check Number