



2010-2011 After-School Care Automatic Payment Plan

Please fill out this form by indicating the monthly fee you authorize Extend-A-Care to charge your credit card or bank account and sign at the bottom. Return the form in person or by mail to: 55 N IH 35, Austin, Texas 78702, or fax to: 472-5849, Attn: Accounting.

EAC account #	Work Phone:	Cell Phone:
Primary Parent Name:		Child(ren) Name(s):

Bank Draft

Account Holder:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Transit Routing Number:*	Bank Account Number:*

*The sample shown below can help you locate the account and routing number on your check.

Transit Routing Number (9 digits)	Account Number
I: 011289774 I:	20134621 II'

Credit/Debit Card

Card Holder:	Billing Address:	Zip Code:
Card Number (Visa/MasterCard/Discover):	Expiration Date:	3-Digit Security Code

Month/Due Date*	Monthly Fee
August 1, 2010	\$ _____
September 1, 2010	\$ _____
October 1, 2010	\$ _____
November 1, 2010	\$ _____
December 1, 2010	\$ _____
January 1, 2011	\$ _____
February 1, 2011	\$ _____
March 1, 2011	\$ _____
April 1, 2011	\$ _____
May 1, 2011	\$ _____

*Payments will be processed between the 1ST & 5TH business day of the month

FOR OFFICE USE ONLY

Date of Entry/Initials: _____
<input type="checkbox"/> GP _____
<input type="checkbox"/> JPM _____

Auto Draft Agreement:

- Extend-A-Care for Kids' Automatic Payment Plan is an authorized debit or bank withdrawal and I will only be charged for the months listed. I understand that this plan will remain in effect until I give written notice to cancel the payment plan or cancel childcare services in writing at least ten school days prior to the child's last attending day, as stated in "TO CANCEL CHILD CARE SERVICES" on page 4 of the 2010-2011 Extend-A-Care Policies.
- I understand that this debit does not cover All Day Child Care. Registration for School Holidays requires a separate application and separate payment for fees.
- I understand that my child's space will be reserved as long as funds are available to be debited from my bank account or credit card. Should any payment not be honored by my bank or credit card company, for any reason, I understand that I will have to make other arrangements to pay the monthly payment by the 5th of the month or my childcare services will be terminated.

Authorized Signature _____ Date _____