



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



Granite United Way