



Greenbush Child Caring, Inc.
 620 Columbia Turnpike, East Greenbush, NY 12061
 Phone: (518) 477-4125 Fax: (518) 479-4240
 www.greenbushchildcaring.org

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

Parent Name _____ **Child's Name** _____
 (Print) (Print)

I (we) hereby authorize Greenbush Child Caring, Inc. to initiate a debit/credit entry to my (our) _____ Checking Account _____ Savings Account (select one) indicated below and the depository named below, hereinafter called Depository, to debit same to such account.

Name of Bank or Credit Union _____

City _____ **State** _____, **Zip Code** _____

ABA Number* _____, **Account Number** _____

*The ABA Number is the first nine digits listed on the bottom of your check.

Name(s) of account holder(s): _____
 (Print)

 (Print)

Please deduct the following dollar amount from my account monthly (on the 20th day of each month beginning, ___/20/_____) \$_____*

This authority is to remain in full force and effect until Greenbush Child Caring, Inc. and Depository have received written notification from me (or either one of us) of its termination in such time and in such manner as to afford Greenbush Child Caring, Inc. and Depository a reasonable opportunity to act on it.

Please sign below; **attach a voided check** and deliver or mail to:
Greenbush Child Caring, Inc.
620 Columbia Turnpike
East Greenbush, NY 12061

If the account is held in two names, both holders must sign below.

Signed _____ **Date** _____

Signed _____ **Date** _____

*Dollar amount changes during the school year will necessitate completion of a new form.