

GREAT FUTURES START **HERE.**



**BOYS & GIRLS CLUBS
OF KENNEBEC VALLEY**

Debit Authorization

I (we) hereby authorize the Boys & Girls Clubs of Kennebec Valley, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for payment of child care. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I (we) understand the Boys & Girls Clubs of Kennebec Valley will process the debit entry prior to 2:00pm on Thursdays.

(Financial Institution Name)

(Branch)

(Address)

(City/State)

(Zip)

(Routing Number)

(Account Number)

(Weekly Payment Amount) \$ _____

Type of Acct: _____ Checking

_____ Savings

This authority is to remain in full force and effect until the Boys & Girls Clubs of Kennebec Valley has received a two-week written notification from me (or either one of us) of its termination.

(Print Individual Name)

(Signature)

(Print Individual ID Number)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!