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## Authorization for Direct Debit - Customer Form

This authorizes Schuyler County Child Care Coordinating Council, Inc. (The "Company") to send debit entries (and appropriate credit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

### Account Information

Please indicate checking or savings: \_\_\_\_\_

Name on the account: \_\_\_\_\_

Customer bank name: \_\_\_\_\_

Bank routing number (ABA#): \_\_\_\_\_

Account number: \_\_\_\_\_

Dollar Amount to be debited each month: \_\_\_\_\_

This authorization will be in effect until the Company receives a written termination notice from customer and has a reasonable opportunity to act on it.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

**This document must be signed by customer/payer requesting automatic debit of tuition accounts and retained on file by the Company.**

### Office Use:

Date Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_