

Auto Payment Enrollment Application

Please enroll me in Bilingual Child Care & Education Center's Auto-Pay Program!

Date: _____

Name: _____

Please deduct payments from my account biweekly in advance of care **to begin on the following date:**

***I understand that I will receive an invoice on Monday for all payments processed on Friday. Furthermore, I understand that my tuition and any additional fees (field trips/late pick up fees etc...) will be included on my invoice and included in the amount deducted in my automatic payment.*

Name of Bank/Financial Institution: _____

Name on Account: _____

Bank Routing Number: _____

Bank Account Number: _____

I understand that my auto payments will be processed internally by BCEC staff. Furthermore, I understand that if I should choose, I will have the **flexibility to temporarily suspend a payment by sending an** email to leah@bilingualchildcaremn.com no later than Thursday evening prior to the Friday processing date. I also understand that I may choose to permanently discontinue auto-payments by sending an email stating my wishes also to leah@bilingualchildcaremn.com.

I understand that my personal financial and banking institution information will be maintained confidential and secure.

Signature

Date