

AUTOMATIC DRAFT CONSENT FORM

I agree that Oakdale Childcare Center may electronically draft my account

By means of credit card # _____ Exp _____ 3 Digit _____

For the amount of: (please initial beside the payment schedule of your choice)

\$ _____ Monday of each week

\$ _____ 1st of every month

\$ _____ 15th of every month

I understand that any unpaid fees will be automatically drafted from the attached credit card. There may be an automatic drafted fee of \$35.00 for any funds that are returned by the bank. I understand that this account will be drafted for 2 weeks of fees after written notice is given that the draft should be stopped or withdrawal notice is given to center. Please make sure written notice is received by office staff and they verify the date the draft will be stopped. There will be no fees refunded from drafts except if there is an error made on the centers end.

Card Holder's Name _____

Address (include city and state) _____

Child(rens) Name(s) _____

Date _____ Signature _____

Driver's License of authorized account holder _____ exp _____