

2018-2019 SCHOOL YEAR Automatic Payments

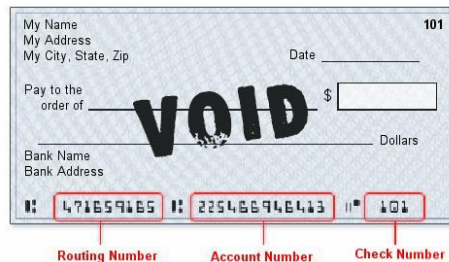
Child(ren) Name(s): _____

Parent/Guardian Name(s): _____

Payment Start Date: _____ Payment End Date: _____

Payment Amount: Monthly Childcare Fee**

***Please note that charges including but not limited to extra day fees and insufficient fees, will be added to your account if applicable.*



Automatic Payment Option #1 *By using your checking or savings account you will receive a \$10.00 discount off your monthly balance (family total).

Account Type: Savings Checking (ATTACH A VOIDED CHECK)

Name on Account: _____ Phone: _____

Bank Name: _____

Routing Number: _____ Account Number: _____

Automatic Payment Option #2 *This option does not receive a discount.

Card Type: MasterCard Visa Discover AMEX

Cardholder Name: _____ Phone: _____

Billing Address: _____ City: _____ State: _____ Zip Code: _____

Card Number: _____ Expiration Date: _____

I (we) hereby authorize Boys & Girls Club of Greater Billerica Inc., hereinafter called COMPANY, to initiate credit entries and initiate, if necessary debit entries and adjustments for any credit entries in error to my (our) account indicated below and the BANK name above, hereinafter called BANK, to credit and/or debit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Parent/Guardian Signature: _____ **Date:** _____

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