

Automatic Bank Withdrawal Agreement

I (we) hereby authorize the Associated Students of San Diego State University to initiate debit payment entries to my (our) checking or savings account at the institution indicated on this form for payment of child care fees incurred at the SDSU Children’s Center. The amount of the debit shall be the total amount due to said account as of the 16th day of each month. When the 16th day falls on a weekend or bank holiday, the debit will be taken out the next business day.

This authority is to remain in force and effect until the Associated Students of San Diego State University has received written notification from the party or parties listed on this form of intent to terminate said agreement, affording the Associated Students a reasonable opportunity to act on it.

If this form is turned in by the 5th of the month, the account will be listed will be “pre-noted” with a \$0.00 deduction to check the account information given. If all information is correct and there is no problem with the transaction, your account will be debited the following month. If you have questions on what your account will be debited, please call the Children’s Center Office Manager at (619) 594-3682.

Please note that if your transaction is returned for non-sufficient funds, a returned check fee of \$10.00 will be assessed to your account, along with a \$25.00 late fee. Your fees will then be due immediately by check, including additional fees. If you close your account for any reason, please contact the Office Manager at the number provided.

_____	_____
Name of Bank	Branch
_____	_____
ABA Number	Account Number

Names on Account (please print)

_____	_____
Date	Signature

_____	_____
A.S. Customer Number	Signature

Attach voided check here