

AUTOMATIC BANK WITHDRAWAL AGREEMENT

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

This authority is to remain in full force and effect until the Associated Students of San Diego State University has received written notification from the party or parties listed below 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 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 any question on when your account will be debited, please call the Office Supervisor 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 as well as a \$ 25.00 late fee. Your fees will then be due immediately by check along with the additional fees. If you close your account for any reason please contact the Billing Coordinator at 594-3682.

Name of Bank

Branch

Bank Address

City, State, Zip Code

ABA Number

Account Number

Name (s) on Account (please print)

Date

Signature

A.S. Customer Number

Signature

Please attach a voided check here.