



In order to make payment processing easier for you, we are inviting all clients to participate in the automatic draft plan. Please allow 20 days for automatic payments to begin. **In this plan the amount of your monthly bill is paid automatically out of your bank account on the 1st business day of the month.**

Please fill out this form and enclose a voided check, if you chose to participate in this program.

Authorization agreement for Pre- Arranged payments:

Depository Bank Name: _____

City: _____ **State:** _____ **Zip:** _____

Transit ABA Number: _____

Account Number: _____ **date:** _____

I (We) hereby authorize, Kids in Motion Academy, to initiate debit entries to my (our) checking account indicated above, and the bank named above, to debit the same to such account. I (we) furthermore agree the amount of my (our) monthly bill will be debited automatically out of my (our) bank account on the 1s business day of each month. If for any reason the debit is returned to Kids in Motion Academy, I will be charged a \$25.00 returned check fee and be liable for my monthly bill and any other fees that might accrue due to the returned item. Kids in Motion Academy will continue to debit my account until I (we) give written notice to Kids in Motion Academy to stop debiting my bank account. Written notice must be given 20 days in advance of the debit day (20 days before the 1st business day of the month) to ensure stop payment for the following month.

PARENT NAME (S): _____

STUDENT(S) NAME: _____

DATE: _____

SIGNATURE: _____

Please attach a voided check from the account to be debited so that we may verify your bank's Federal Reserve Transit ABA Num-

OFFICE USE ONLY:

Effective Date: _____ **Amount:** _____

Classroom: _____ **Kids Fit Club:** _____