



Automatic Payment Form

An easy way to pay.

Simplify the way you pay your childcare tuition by enrolling in Automatic Payment. By filling out and signing this form, you authorize Encompass to initiate entries to your account at the institution listed. This authorization will remain in effect until Encompass has received written notification from you of its termination, allowing reasonable time for processing.

Parent/Guardian Name: _____

Child(ren)'s Name(s): _____

_____ I authorize Encompass to adjust my automatic payment amount as necessary to reflect billings in account (*i.e. tuition rate increase, change in care type, summer programming, age change, initial and annual registration fees, 3rd party funding changes, additional care used, and vacation credit.*)

Name of Financial Institution: _____

Account Number: _____ Routing Number: _____

Withdrawal Amount: \$ _____ Beginning Date*: **Friday**, _____

Weekly Bi-Weekly Monthly Checking Savings

Please check one above, Transactions done on Friday only.

Please check one above.

For Office Use Only: F1 F2

* Forms that are received at the Encompass Administrative Office prior to 10:00 Tuesday morning can be processed immediately, with first withdrawal occurring as early as Friday of the same week.

Please attach for 1st time users or if change in account is requested:

Voided Check (Checking Account) OR Deposit/Withdrawal Slip (Savings Account)

I am cancelling my automatic payment and the last transaction date will be on _____ (Date)

I plan to restart my automatic payment on _____ (Date) and understand that I need to submit a new form confirming that date at that time.

Signature: _____ Date: _____

For Office Use Only: BHC CBC RHC DPC TCC TRB TPC