## **AUTOMATIC PAYMENT AUTHORIZATION**

I hereby authorize Cape Care to withdraw funds from my account as follows:
Parent/Guardian
Child/Children
Deduction Frequency:
☐ Monthly (First of each month) ☐ Weekly (Friday of each week)
Payment Options:
☐ Electronic Check ☐ Checking ☐ Savings
Routing Number
Account Number
YOUR NAME 123 Main Street 123 123
Anytown, OH 00000  PAY TO THE ORIDER OF
DOLLARS
123456789 000123456789 123
ROUTING ACCOUNT CHECK NUMBER NUMBER
☐ Credit/Debit Card
Name on the Card
Card Number
Expiration Date Three Digit Security Code
Signature Date