# Campus After School Program

2901 Campus Rd. Brooklyn, N.Y. 11210
(718) 421-7575

Child's Name:____________________________

## *CHECKING/SAVINGS WRITTEN AUTHORIZATION FORM*

I (we) hereby authorize Campus ASP Inc. to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. A $30 charge will occur if your payment is denied by your bank.

______________________________________________________________________
(Name of Financial Institution)

______________________________________________________________________
(Address of Financial Institution Branch, City, State, & Zip)

Please Circle Type of Account: Checking Savings

________________________________ ____________________________________
(Routing Number) (Account Number)

The recurring Debit will occur on September 1, 2019 and will be processed on the 1st of every month until June 2020 in the:

Amount of $_________

______________________________________________________________________
(Consumer Name PLEASE PRINT)

______________________________________________________________________
(Consumer Address PLEASE PRINT)

______________________________________ __________________________
(Signature) (Date)

If you should need to notify us of your intent to cancel and/or revoke this authorization you must contact us 1 week prior to the questioned debit being initiated. Please call 718-421-7575 or email at info@campusasp.com Monday-Friday from 10:00am to 6:00pm.