

# FKPM CHILDCARE

## PAYMENT AUTHORIZATION FORM

To process your invoices through Tuition Express automatic deduction, please complete the form below. Your authorization is good for 1 year.

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Name on Checking or Savings Account:

\_\_\_\_\_

Account Holder Phone Number: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

I hereby authorize MARSIE Childcare to charge my checking/savings account for childcare/activity services. I understand that my invoice will be charged to my checking/savings account on the date the invoice is due.

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Date

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If you would like to be a part of our email list, please list your email(s) below.

Mother's Email \_\_\_\_\_

Work \_\_\_\_\_

Father's Email: \_\_\_\_\_

Work \_\_\_\_\_