



Authorization for Automatic Payments

To receive payments from Marin Child Care Council electronically, you must complete the form below and return it to the MC3 office or to giulie@mc3.org.

PAYEE INFORMATION

Name: _____

Tax ID Number (EIN OR SS #) _____

BANK INFORMATION

Bank Name: _____

Name on Bank Account: _____
(as it appears on your bank statements)

ABA Routing #: _____

(Please attach copy of voided check)

Bank Account #: _____

Is your bank account: CHECKING _____ SAVINGS _____

Is your bank account: PERSONAL _____ COMMERCIAL _____

PAYMENT NOTIFICATION INFORMATION

Name: _____

Email Address: _____

Phone #: _____

I hereby authorize Marin Child Care Council and its bank, Bank of Marin, to initiate payments (credits) to my bank account as identified above, through the Automated Clearing House system. I also authorize Marin Child Care Council to initiate withdrawals (debits), if necessary, from my bank account to correct any errors or reverse any credits that may have been made in error. I authorize my bank to process these debits from and credits to my bank account. This authorization will remain in effect until I give written notice to the contrary.

Authorized Signature

Date

CM Initials