

AUTOMATIC PAYMENT AUTHORIZATION

I hereby authorize Cape Care to withdraw funds from my account as follows:

Parent/Guardian _____

Child/Children _____

Deduction Frequency:

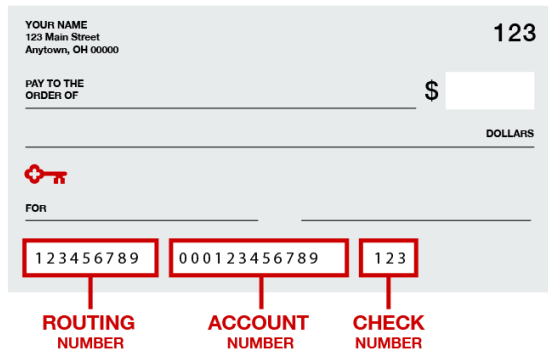
Monthly (First of each month) Weekly (Friday of each week)

Payment Options:

Electronic Check Checking Savings

Routing Number _____

Account Number _____



Credit/Debit Card

Name on the Card _____

Card Number _____

Expiration Date _____ Three Digit Security Code _____

Signature _____ Date _____