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## Invoices

Dear Parents,

In our continuing efforts to provide our services at the most affordable cost to you, we are making every effort to eliminate unnecessary expenses to our organization. One way in which we can save on expenses, as well as be environmentally friendly, is to eliminate monthly paper invoices replacing them with email invoices. We are asking for your support in this endeavor. Please supply us the email address(es) where you would want to receive your monthly invoice via email.

Name \_\_\_\_\_

Please send monthly child care invoices to the following email address(es):

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## ACH (Automatic Electronic Payment) Authorization

I (we) hereby authorize Infant Toddler Family Day Care of Northern Virginia, Inc. (ITFDC) and the Family Day Care Providers Account Trust to initiate entries to my (our) checking/savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until ITFDC is notified by me (us) in writing to cancel it in such time as to afford ITFDC and the financial institution listed below a reasonable opportunity to act on it.

\_\_\_\_\_ (Name of Financial Institution)

\_\_\_\_\_ (Address of Financial Institution - Branch, City, State, & Zip)

\_\_\_\_\_ (Parent Name) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Address)

Set Amount \_\_\_\_\_ or Maximum Amount \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

Checking/Savings Account Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

(To insure accuracy, please send a voided check by mail or email.)