Children At Play ACH Payment Enrollment Form

This form is used to set up or change Automatic Clearing House (ACH) payments from Children At Play to your financial institution.

Please check one of the following: _____ New ACH setup _____ Change ACH information on file

Payee/Company Information

Payee/Company Name:
Social Security Number or Taxpayer ID:
Current Mailing Address:
Phone Number:
Email Address:

Financial Institution Information

Bank Name:
Bank Address:
Routing Number:
Account Number:
Account Title:
Type of Account: ____Checking _____ Savings

Name of Payee or Authorized Official (Please print): _____

Signature of Payee: _____ Date: _____

A voided check must accompany this form in order to receive payments electronically.

Mail this form and a voided check to:	**OR**	**Email this form and a voided check to:**
Children At Play Early Intervention Center Attn: Kaitlyn Pavia 40 Merrill Avenue Staten Island, NY 10314		Kaitlyn@childrenatplayeic.org