[Provider Name]

[Address Line 1]
[Address Line 2]
[Phone Number]

INVOICE

Date: [Date]
Invoice #: [0000]
AUTOMATIC PAYMENT

BILL TO:

[Parent/Guardian Name]
[Child's Full Name]
[Address Line 1]
[City, State, Zip]

PAYMENT DETAILS:

Frequency: [Weekly/Monthly]
Billing Period: [Start Date] - [End Date]
Method: [Card/ACH Ending in XXXX]

Description	Quantity/Days	Rate	Amount
Childcare Services - [Child Name]	[0]	$[0.00]	$[0.00]
Late Pickup Fees	[0]	$[0.00]	$[0.00]
Materials/Activity Fee	1	$[0.00]	$[0.00]

Subtotal: $[0.00]

Discounts: -$[0.00]
Total Paid: $[0.00]

Note: This payment was processed automatically per your recurring billing agreement. No further action is required.

Tax ID: [Provider Tax ID Number]