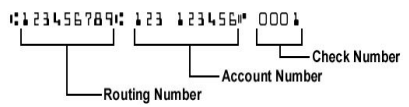


AUTHORIZATION FORM FOR AUTOMATIC WITHDRAW

School/Organization Name: **Christ the King Preschool**

FOR OFFICE USE ONLY	STUDENT TUITION #:	DATE:
Effective date of authorization: ____/____/____ Name of student: _____		
Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change payment amount		
Last Name		First Name
Address		
City		State Zip
Email		
TUITION PAYMENT PLAN:		
<input type="checkbox"/> 9 Month Plan		
Date of first payment: ____ 05 / 01 / 2019	Payment frequency: <input checked="" type="checkbox"/> Monthly on the 1 st for the following months: 5/1/19 11/1/19 2/1/20 9/1/19 12/1/19 3/1/20 10/1/19 1/1/20 4/1/20	Amount of first payment: \$ <u>260.00</u> Amount of ongoing payment: \$ <u>260.00</u> Amount of last payment: \$ <u>260.00</u>
Date of last payment (optional): ____ 04 / 01 / 2020		
C H E C K I N G / S A V I N G S	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.	
Authorized Signature: _____		Date: _____

If using a checking account, please attach a voided check at the bottom of this page.