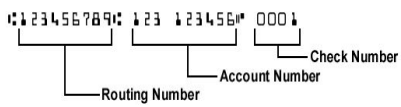


AUTHORIZATION FORM FOR AUTOMATIC WITHDRAW

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"/> 8 Month Plan (Sept. through Apr.)			
Date of first payment: ____ / ____ / 2019 Date of last payment (optional): ____ / ____ / 2020		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>290.00</u> Amount of ongoing payment: \$ <u>290.00</u> Amount of last payment: \$ <u>290.00</u>	
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.