

# AUTHORIZATION FORM FOR AUTOMATIC WITHDRAW

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

	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	
Parent Last Name	Parent First Name
Address	
City	State                      Zip
Email	
<b>TUITION PAYMENT PLAN:</b>	
<input type="checkbox"/> 9 Month Plan	
<b>Date of first payment:</b> _____ 05 / 01 / 2020	<b>Payment frequency:</b> <input checked="" type="checkbox"/> Monthly on the 1 <sup>st</sup> for the following months: 5/1/2020    11/1/2020    2/1/2021 9/1/2020    12/1/2020    3/1/2021 10/1/2020    1/1/2021    4/1/2021
<b>Date of last payment (optional):</b> _____ 04 / 01 / 2021	<b>Amount of first payment:</b> \$ <u>265.00</u> <b>Amount of ongoing payment:</b> \$ <u>265.00</u> <b>Amount of last payment:</b> \$ <u>265.00</u>
<b>CHECKING / SAVINGS</b>	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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  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.**