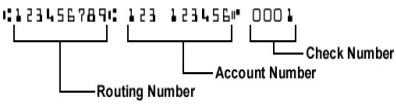


AUTHORIZATION FORM FOR AUTOMATIC WITHDRAW

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	
TUITION PAYMENT PLAN:	
<input type="checkbox"/> 9 Month Plan	
Date of first payment: ____/____/____	Payment frequency: <input checked="" type="checkbox"/> Monthly on the 1 st for the following months: 5/1/2021 11/1/2021 2/1/2022 9/1/2021 12/1/2021 3/1/2022 10/1/2021 1/1/2022 4/1/2022
Date of last payment (optional): ____/____/____	Amount of first payment: \$ <u>275.00</u> Amount of ongoing payment: \$ <u>275.00</u> Amount of last payment: \$ <u>275.00</u> <u>One time registration payment:</u> \$ <u>130.00</u>
_____ Authorized initial _____ Date	
CHECKING / SAVINGS	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: _____  A diagram showing a routing and account number: 2345678901 23 2345678 000. Brackets below indicate: 'Routing Number' under '2345678901', 'Account Number' under '23 2345678', and 'Check Number' under '000'.
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.