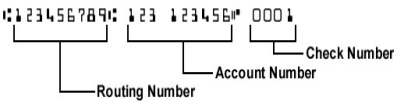


AUTHORIZATION FORM FOR AUTOMATIC WITHDRAW

2 yr. olds

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: ____/____/____ 05/ 01 / 2022 Date of last payment (optional): ____/____/____ 04 / 01 / 2023	Payment frequency: <input checked="" type="checkbox"/> Monthly on the 1 st for the following months: 5/1/2022 11/1/2022 2/1/2023 9/1/2022 12/1/2022 3/1/2023 10/1/2022 1/1/2023 4/1/2023	Amount of first payment: \$ <u>290.00</u> Amount of ongoing payment: \$ <u>290.00</u> Amount of last payment: \$ <u>290.00</u> <u>One time registration payment:</u> \$ <u>140.00</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: _____ 
	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.