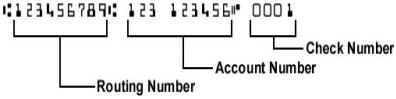


# AUTHORIZATION FORM FOR AUTOMATIC WITHDRAW

## 3 & 4 yr. olds

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

		<b>DATE:</b>	
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 / 2022		<b>Payment frequency:</b> <input checked="" type="checkbox"/> Monthly on the 1 <sup>st</sup> 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	
<b>Date of last payment (optional):</b> ____/____/____ 04 / 01 / 2023		<b>Amount of first payment:</b> <b>\$ 325.00</b> <b>Amount of ongoing payment:</b> <b>\$ 325.00</b> <b>Amount of last payment:</b> <b>\$ 325.00</b>	
		<b>One time registration payment:</b> ____\$140 (3's)                      ____\$150 (4's) ____ Authorized initial                      ____ Date	
<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: _____  Routing Number                      Account Number                      Check 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.**