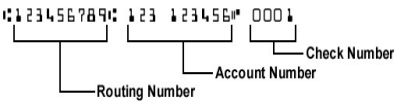


# AUTHORIZATION FORM FOR AUTOMATIC WITHDRAW

2 yr. olds (3 days)  
DOB 9/1/2020-8/31/2021

School/Organization Name: Christ the King Preschool

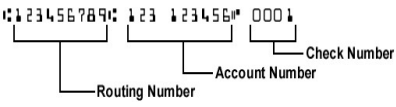
	DATE: _____
Effective date of authorization: ____/____/____ Name of student: _____	
Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change payment amount	
Parent Last Name	Parent First Name
Address	
City	State                      Zip
Email	
<b>TUITION PAYMENT PLAN:</b>	
<input type="checkbox"/> 9 Month Plan	
<b>Date of first payment:</b> ____/____/____  <b>Date of last payment (optional):</b> ____/____/____	<b>Payment frequency:</b> <input checked="" type="checkbox"/> Monthly on the 1 <sup>st</sup> for the following months: 5/31/2023    11/1/2023    2/1/2024 9/1/2023    12/1/2023    3/1/2024 10/1/2023    1/1/2024    4/1/2024
	<b>Amount of first payment:</b> <b>\$ 320.00</b> <b>Amount of ongoing payment:</b> <b>\$ 320.00</b> <b>Amount of last payment:</b> <b>\$ 320.00</b>  <b><u>One time registration payment:</u></b> <b>\$ 150.00</b>  _____ 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: _____  The diagram shows a routing and account number: 234567890123456789010001. Brackets indicate that the first four digits (2345) are the Routing Number, the next eight digits (67890123) are the Account Number, and the last four digits (0001) are the 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 the 30 day notice required to terminate the authorization.	
Authorized Signature: _____ Date: _____	

**Please attach a voided check or form from the financial institution with account and routing information at the bottom of this page.**

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DOB 9/1/2020-8/31/2021

School/Organization Name: Christ the King Preschool

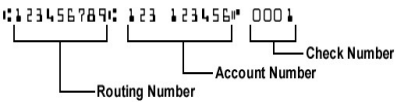
	DATE: _____
Effective date of authorization: ____/____/____ Name of student: _____	
Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change payment amount	
Parent Last Name	Parent First Name
Address	
City	State                      Zip
Email	
<b>TUITION PAYMENT PLAN:</b>	
<input type="checkbox"/> 9 Month Plan	
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	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____  The diagram shows a routing number (23456789) and an account number (23456789000). Brackets indicate that the first four digits of the routing number are the routing number, the next eight digits are the account number, and the last four digits are the 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 the 30 day notice required to terminate the authorization.	
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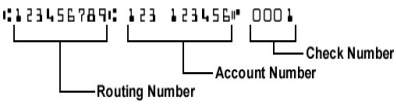
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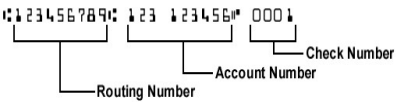
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Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change payment amount		
Parent Last Name	Parent First Name	
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City	State                      Zip	
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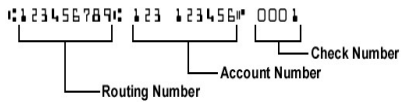




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Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change payment amount		
Parent Last Name	Parent First Name	
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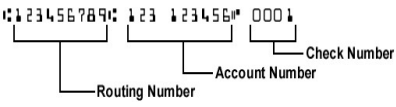




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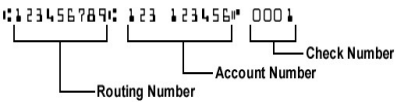
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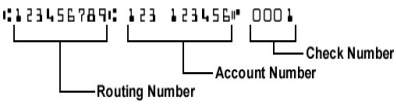
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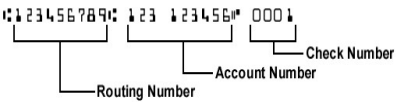
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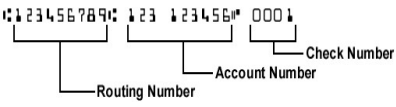
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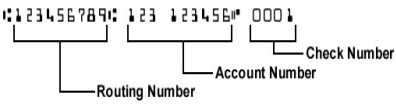
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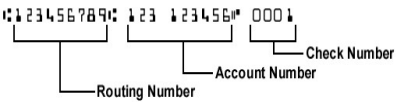
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	<b>Amount of first payment:</b> \$ <u>320.00</u> <b>Amount of ongoing payment:</b> \$ <u>320.00</u> <b>Amount of last payment:</b> \$ <u>320.00</u>  <b><u>One time registration payment:</u></b> \$ <u>150.00</u>  _____ Authorized initial _____ Date
<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: _____  The diagram shows a routing and account number: 234567890123456789010001. Brackets indicate that the first 9 digits (234567890) are the Routing Number, the next 8 digits (12345678) are the Account Number, and the last 4 digits (0001) are the 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 the 30 day notice required to terminate the authorization.	
Authorized Signature: _____ Date: _____	

**Please attach a voided check or form from the financial institution with account and routing information at the bottom of this page.**

# AUTHORIZATION FORM FOR AUTOMATIC WITHDRAW

2 yr. olds (3 days)  
DOB 9/1/2020-8/31/2021

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/ 31 / 2023  <b>Date of last payment (optional):</b> ____/____/____ 04 / 01 / 2024	<b>Payment frequency:</b> <input checked="" type="checkbox"/> Monthly on the 1 <sup>st</sup> for the following months: 5/31/2023    11/1/2023    2/1/2024 9/1/2023    12/1/2023    3/1/2024 10/1/2023    1/1/2024    4/1/2024	<b>Amount of first payment:</b> \$ <u>320.00</u> <b>Amount of ongoing payment:</b> \$ <u>320.00</u> <b>Amount of last payment:</b> \$ <u>320.00</u>  <b><u>One time registration payment:</u></b> \$ <u>150.00</u>  _____ 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: _____ 
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide the 30 day notice required to terminate the authorization.  Authorized Signature: _____ Date: _____	

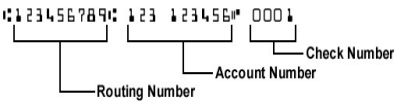
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# AUTHORIZATION FORM FOR AUTOMATIC WITHDRAW

2 yr. olds (3 days)  
DOB 9/1/2020-8/31/2021

School/Organization Name: Christ the King Preschool

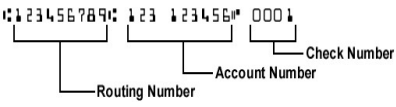
	DATE: _____	
Effective date of authorization: ____/____/____ Name of student: _____		
Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change payment amount		
Parent Last Name	Parent First Name	
Address		
City	State                      Zip	
Email		
<b>TUITION PAYMENT PLAN:</b>		
<input type="checkbox"/> 9 Month Plan		
<b>Date of first payment:</b> ____/____/____ 05/ 31 / 2023  <b>Date of last payment (optional):</b> ____/____/____ 04 / 01 / 2024	<b>Payment frequency:</b> <input checked="" type="checkbox"/> Monthly on the 1 <sup>st</sup> for the following months: 5/31/2023    11/1/2023    2/1/2024 9/1/2023    12/1/2023    3/1/2024 10/1/2023    1/1/2024    4/1/2024	<b>Amount of first payment:</b> <b>\$ 320.00</b> <b>Amount of ongoing payment:</b> <b>\$ 320.00</b> <b>Amount of last payment:</b> <b>\$ 320.00</b>  <b><u>One time registration payment:</u></b> <b>\$ 150.00</b>  _____ 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: _____ 
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DOB 9/1/2020-8/31/2021

School/Organization Name: Christ the King Preschool

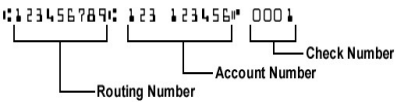
	DATE: _____	
Effective date of authorization: ____/____/____ Name of student: _____		
Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change payment amount		
Parent Last Name	Parent First Name	
Address		
City	State                      Zip	
Email		
<b>TUITION PAYMENT PLAN:</b>		
<input type="checkbox"/> 9 Month Plan		
<b>Date of first payment:</b> ____/____/____ 05/ 31 / 2023  <b>Date of last payment (optional):</b> ____/____/____ 04 / 01 / 2024	<b>Payment frequency:</b> <input checked="" type="checkbox"/> Monthly on the 1 <sup>st</sup> for the following months: 5/31/2023    11/1/2023    2/1/2024 9/1/2023    12/1/2023    3/1/2024 10/1/2023    1/1/2024    4/1/2024	<b>Amount of first payment:</b> \$ <u>320.00</u> <b>Amount of ongoing payment:</b> \$ <u>320.00</u> <b>Amount of last payment:</b> \$ <u>320.00</u>  <b><u>One time registration payment:</u></b> \$ <u>150.00</u>  _____ 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: _____ 
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	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/ 31 / 2023  <b>Date of last payment (optional):</b> ____/____/____ 04 / 01 / 2024	<b>Payment frequency:</b> <input checked="" type="checkbox"/> Monthly on the 1 <sup>st</sup> for the following months: 5/31/2023    11/1/2023    2/1/2024 9/1/2023    12/1/2023    3/1/2024 10/1/2023    1/1/2024    4/1/2024	<b>Amount of first payment:</b> \$ <u>320.00</u> <b>Amount of ongoing payment:</b> \$ <u>320.00</u> <b>Amount of last payment:</b> \$ <u>320.00</u>  <b><u>One time registration payment:</u></b> \$ <u>150.00</u>  _____ Authorized initial _____ Date
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