

AUTHORIZATION FORM FOR AUTOMATIC WITHDRAW

3 & 4 yr. olds (4 days)

3's DOB 9/1/2019-12/31/2020

4's DOB 9/1/18-8/31/2019

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/ 31 / 2023 Date of last payment (optional): ____/____/____ 04 / 01 / 2024	Payment frequency: <input checked="" type="checkbox"/> Monthly on the 1 st 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	Amount of first payment: \$ 360.00 Amount of ongoing payment: \$ 360.00 Amount of last payment: \$ 360.00 One time registration payment: \$ 150.00 _____ 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.