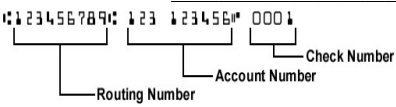


# AUTHORIZATION FORM FOR AUTOMATIC WITHDRAW

3 & 4 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			
<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:  5/31/2024   11/1/2024   2/1/2025 9/1/2024   12/1/2024   3/1/2025 10/1/2024   1/1/2025   4/1/2025	
		<b>Amount of first payment:</b> \$ <u>380.00</u> <b>Amount of ongoing payment:</b> \$ <u>380.00</u> <b>Amount of last payment:</b> \$ <u>380.00</u>  <b>One time registration payment:</b> \$ <u>150.00</u>  ____ <b>Authorized initial</b> <b>Date</b>	
<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 or form from the financial institution with proper account and routing information at the bottom/back of this page.**