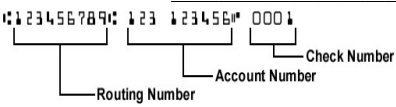


AUTHORIZATION FORM FOR AUTOMATIC WITHDRAW

3 Day Two-year-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: ____/____/____ Date of last payment (optional): ____/____/____		Payment frequency: <input checked="" type="checkbox"/> Monthly on the 1 st 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	
		Amount of first payment: \$ <u>380.00</u> Amount of ongoing payment: \$ <u>380.00</u> Amount of last payment: \$ <u>380.00</u> One time registration payment: \$ <u>150.00</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: _____  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.