

**St. Paul's Preschool and Children's Day Out: School Year 2018-19**

**Debit Authorization Form**

Date \_\_\_\_\_ Student Name \_\_\_\_\_

Class: (circle) CDO Young Learners Pre-K

Attendance Days (circle) M T W Th F

**Type of Authorization: (check one)**

\_\_\_\_ New Authorization      \_\_\_\_ Discontinue electronic payment

\_\_\_\_ Change banking information (new banking information listed below)

Responsible Party Information		
Last Name:	First Name:	
Address:		
City:	State:	Zip:
Email:	Phone:	

**Tuition Plan and Schedule**

**CHOOSE ONE OPTION. TO BETTER SERVE YOU, PAPERWORK MUST BE TURNED IN ONE MONTH PRIOR TO THE DATE OF FIRST PAYMENT.**

9 Month Plan	12 Month Plan
Date of first payment: <b>08/15/2018</b> Date of last payment: <b>04/15/2019</b>	Date of first payment: <b>05/15/2018</b> Date of last payment: <b>04/15/2019</b>
<b>Mark tuition fees based on your child's enrollment</b>	<b>Mark tuition fees based on your child's enrollment</b>
<p>____ <b>\$170</b> Children's Day Out – 2 days/week \$125 Registration/Supply Fee</p> <p>____ <b>\$ 175</b> Young Learners – 2 days/week \$125 Registration/Supply Fee</p> <p>____ <b>\$195</b> Young Learners – 3 days/week \$145 Registration/Supply Fee</p> <p>____ <b>\$195</b> Pre-K – 3 days/week \$145 Registration/Supply Fee</p> <p>____ <b>\$275</b> Pre-K – 5 days/week \$165 Registration/Supply Fee</p>	<p>____ <b>\$127.50</b> Children's Day Out – 2 days/week \$125 Registration/Supply Fee</p> <p>____ <b>\$131.25</b> Young Learners – 2 days/week \$125 Registration/Supply Fee</p> <p>____ <b>\$146.25</b> Young Learners – 3 days/week \$145 Registration/Supply Fee</p> <p>____ <b>\$146.25</b> Pre-K – 3 days/week \$145 Registration/Supply Fee</p> <p>____ <b>\$206.25</b> Pre-K – 5 days/week \$165 Registration/Supply Fee</p>

**Please debit payment from my (check one):**

\_\_\_\_ Checking Account – attach a voided check

\_\_\_\_ Savings Account – Name of savings business \_\_\_\_\_ Phone \_\_\_\_\_

Savings Account # \_\_\_\_\_ Routing # \_\_\_\_\_

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 \_\_\_\_\_