

St. Paul's Preschool and Children's Day Out: School Year 2019-2020

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 ___ Continue with Electronic Payment Account Information from Current Year
___ Change banking information (new banking information listed below)

Responsible Party Information

Last Name: First Name: Address: City: State: Zip: Email: Phone:

Tuition Payments

PLEASE MARK ONE OPTION BELOW, BASED ON YOUR CHILD'S ENROLLMENT:

___ \$162 Children's Day Out Mon/Wed ___ \$170 Children's Day Out Tues/Thurs
___ \$175 Young Learners Tues/Thurs ___ \$195 Young Learners Mon/Wed/Fri
___ \$195 Pre-K Mon/Wed/Fri ___ \$275 Pre-K Mon-Fri

DATE OF FIRST PAYMENT IS: JULY 15, 2019. DATE OF FINAL PAYMENT IS: APRIL 15, 2020

*To better serve you, paperwork must be turned in one month prior to the date of first payment.

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 _____