



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)

I/we hereby authorize St. Paul's Preschool to initiate debit entries to my/our checking account indicated below at the depository financial institution named below, hereafter called, DEPOSITORY, and to debit the same to such account. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of US law.

Depository/Bank Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____

Account Number _____

Amount to be debited \$ _____

- May 15th – September Tuition Draft, supply fee (one -time payment) and extended day if applicable (Withdrawal after August 1st forfeits September's tuition and supply fee)
- September 15th- October Tuition Draft and extended day if applicable
- October 15th- November Tuition Draft and extended day if applicable
- November 15th- December Tuition Draft and extended day if applicable
- December 15th- January Tuition Draft and extended day if applicable
- January 15th- February Tuition Draft and extended day if applicable
- February 15th- March Tuition Draft and extended day if applicable
- March 15th- April Tuition Draft and extended day if applicable
- April 15th- May Tuition Draft and extended day if applicable

Tuition adjustments are **not** made for missed days, workdays, vacation, or holidays.

This authorization is to remain in full force and effective until St. Paul's Preschool has received written notification from me (or either of us) of its termination in such time and in such manner as to afford St. Paul's Preschool and Depository a reasonable opportunity to act on it.

Name(s) _____ Date _____

(please print)

Signature(s) _____

****Please ATTACH VOIDED CHECK****