

AUTHORIZATION FORM



School Name: Shepherd of the Valley Preschool

LAST NAME: _____	DATE: _____		
Effective date of authorization: ____/____/____ Name of Student _____			
<input type="checkbox"/> REGISTRATION PAYMENT \$200 (please check all that apply):			
TUITION PAYMENT PLAN (please check one): <input type="checkbox"/> 10-Month Plan (June, Sept-May) <input type="checkbox"/> 2-Month Plan (June and November) <input type="checkbox"/> Full Pay (June)			
Date of first payment: 06/____/2017 Date of ongoing payment: 09/____/2017 through Date of last payment: 05/____/2018 (\$10 fee to change dates)	Payment frequency: <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on _____ (Select 1 st or 15 th of each month)	Amount of payment: \$ _____	
FEE PAYMENT PLAN <input type="checkbox"/> August 15 (\$300 Volunteer Service Deposit and Scrip Deposit)			
ADDITIONAL PAYMENTS:	Date of Payment	Amount	Initial
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
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: _____
	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.**