

AUTHORIZATION FORM

The **Simply Giving** Program

endorsed by



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)																					
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">ADDITIONAL PAYMENTS:</th> <th style="text-align: left;">Date of Payment</th> <th style="text-align: left;">Amount</th> <th style="text-align: left;">Initial</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2.</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3.</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>4.</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		ADDITIONAL PAYMENTS:	Date of Payment	Amount	Initial	1.	_____	_____	_____	2.	_____	_____	_____	3.	_____	_____	_____	4.	_____	_____	_____
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.**

Preschool Version