

# 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 \$250 on: Date _____ Initial _____																						
<b>TUITION PAYMENT PLAN</b> (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)																						
<b>Date of first payment:</b> 06/____/ 2018  <b>Date of ongoing payment:</b> 09/____/ 2018      through <b>Date of last payment:</b> 05/____/ 2019  (\$10 fee to change dates)	<b>Payment frequency:</b>  <input type="checkbox"/> Monthly on _____ (Select 1 <sup>st</sup> or 15 <sup>th</sup> of each month)	<b>Amount of payment:</b> \$ _____																				
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">ADDITIONAL PAYMENTS:</th> <th style="width:20%;">Date of Payment</th> <th style="width:20%;">Amount</th> <th style="width:30%;">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.	_____	_____	_____																			
<b>CHECKING / SAVINGS</b>	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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  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**