AUTHORIZATION FORM

School Name: Shepherd of the Valley Preschool

LAST NAME:	EMAIL:	DATE:

Effective date of authorization: _____/_____/_____   Name of Student_____

❑ **FALL REGISTRATION PAYMENT: $400**   Date _____ Initial _____

FALL PAYMENT PLAN 10-Month (Aug-May) **Date of first payment:** 07/11/2023 **Date of ongoing payment:** **Date of** last **payment:** 09/1/2023 **through** 05/1/2024	**Amount of tuition monthly:** $ _____ **Amount of pull up charges monthly:** $ _____	**TOTAL Monthly Payment:** $ _____

PULL UP CHANGING FEE (if applicable)

I authorize Pull Up Changing charges to be deducted from my checking account.   *Funds will be deducted on the 1st of every month.

❑ $100/month – 5 Day Enrollment
❑ $60/month – 3 Day Enrollment
❑ $40/month – 2 Day Enrollment

Date _____ Initial _____

EARLY CARE /AFTER CARE CHARGES (if applicable)

I authorize Early Care / After Care charges to be deducted from my checking account.   *Funds will be deducted on the 10th of every month.

Date _____ Initial _____

CHECKING / SAVINGS	Please debit payment from my (check one): ❑ Please use my current account on file. ❑ Savings Account (contact your financial institution for Routing #) ❑ Checking Account (staple a voided check below)	Routing Number: _____ *Valid Routing # must start with 0, 1, 2, or 3* Account Number: _____ ⑆123456789⑆ ⑈23 ⑈23456⑆ 0001 Check Number / Account Number / Routing 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.