AUTHORIZATION FORM

The **Simply Giving** Program endorsed by



School Name: Shepherd of the Valley Preschool

LAST NAME:		EMAIL:		DATE:
Effective date of authorization:// Name of Student				
□ FALL REGISTRATION PAYMENT: \$450 Date Initial				
Date of first paragraph 07/11/2024 Date of ongoing	T PLAN 10-Month (Aug-May) yment: payment: Date of last p through 05/01/20	,	p 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 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: 1.1 2.3 4.5 6.7 8.9 1.2 3 4.2 3 4.5 6 000 1	
СНЕСК	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:			

Tel: (818)347-6784

Email: office@sovls.org

^{*}If using a checking account, please attach a voided check.