

# AUTHORIZATION FORM



School/Organization Name: Old North UMC Preschool  
14610607942C

<b>FOR OFFICE USE ONLY</b>	<b>STUDENT #: REGULAR PRESCHOOL</b>	<b>DATE:</b>
Effective date of authorization: <u>  09  </u> / <u>  01  </u> / <u>  2019  </u> Name of student: _____		
Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change payment amount <input type="checkbox"/> Discontinue electronic payment <input type="checkbox"/> Change payment date		
Last Name		First Name
Address		
City		State      Zip
Email		
<b>TUITION PAYMENT PLAN</b> (please check one): REGULAR PRESCHOOL		
<input type="checkbox"/> 9 Month Plan (Sept. through May) <input type="checkbox"/> _____ <input type="checkbox"/> _____		
<b>Date of first payment:</b> ____ / ____ / ____  <b>Date of last payment</b> (optional): <u>  5  </u> / <u>  01  </u> / <u>  20  </u>	<b>Payment frequency:</b> <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on <u>  1st  </u> <input type="checkbox"/> Semi-Monthly (transferred on 1 <sup>st</sup> and 15 <sup>th</sup> of each month)	<b>Amount of payment per month:</b> \$ <u>  145.00  </u> \$ _____ \$ _____
<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: _____ ⑆ 23456789⑆ 23 23456⑆ 000⑆ Routing Number      Account Number      Check 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: _____	
<b>CREDIT / DEBIT CARD</b>	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> _____	
	Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above organization to process transactions in accordance with the information above.  Signature (as it appears on the card): _____ Date: _____	

**If using a checking account, please attach a voided check over the credit/debit card section above. A \$3.00 processing fee will be added to all credit card transactions.**