AUTHORIZATION FORM

School/Organization Name: <u>Old North UMC Preschool</u>
<u>**14610607942C**</u>

FOR OFFICE USE ONLY	STUDENT #: JUMPSTART	DATE:

Effective date of authorization: __09__/__01__/__2021__   Name of student: _____

Type of Authorization Form:
- ❏ New Authorization   ❏ Change banking information
- ❏ Change payment amount   ❏ Discontinue electronic payment
- ❏ Change payment date

Last Name	First Name	
Address		
City	State	Zip
Email		

TUITION PAYMENT PLAN (please check one): JUMPSTART

❏ 9 Month Plan (Sept. through May   ❏   ❏

Date of first payment: _____/_____/_____ **Date of last payment** (optional)**:** __5__/__01__/__22__	**Payment frequency:** ❏ Weekly on _____ ❏ Monthly on _1st_____ ❏ Semi-Monthly (transferred on 1st and 15th of each month)	**Amount of payment per month:** $ <u>107.00</u> $ _____ $ _____

CHECKING / SAVINGS	Please debit payment from my (check one): ❏ 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⑈ 123 123456⑆ 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:_____	

CREDIT / DEBIT CARD	Card Brand (check one): ❏ Visa ❏ MasterCard ❏ ❏	
	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.