

AUTHORIZATION FORM



School/Organization Name: Old North UMC Preschool
14610607942C

FOR OFFICE USE ONLY	STUDENT #: JUMPSTART	DATE:						
Effective date of authorization: <u>09</u> / <u>01</u> / <u>2020</u> Name of student: _____								
Type of Authorization Form: <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> New Authorization</td> <td><input type="checkbox"/> Change banking information</td> </tr> <tr> <td><input type="checkbox"/> Change payment amount</td> <td><input type="checkbox"/> Discontinue electronic payment</td> </tr> <tr> <td><input type="checkbox"/> Change payment date</td> <td></td> </tr> </table>			<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	
<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								
TUITION PAYMENT PLAN (please check one): JUMPSTART								
<input type="checkbox"/> 9 Month Plan (Sept. through May) <input type="checkbox"/> _____								
Date of first payment: ____ / ____ / ____ Date of last payment (optional): <u>5</u> / <u>01</u> / <u>21</u>		Payment frequency: <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on <u>1st</u> _____ <input type="checkbox"/> Semi-Monthly (transferred on 1 st and 15 th of each month)						
		Amount of payment per month: \$ <u>105.00</u> \$ _____ \$ _____						
CHECKING / SAVINGS	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: _____ Valid Routing # must start with 0, 1, 2, or 3 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: _____								
CREDIT / DEBIT CARD	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.