

AUTHORIZATION FORM



School/Organization Name: Old North UMC Preschool
14610607942C

| | | |
|---|--|--|
| FOR OFFICE USE ONLY | STUDENT #: REGULAR PRESCHOOL | DATE: |
| Effective date of authorization: <u> 09 </u> / <u> 01 </u> / <u> 2020 </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 | | |
| TUITION PAYMENT PLAN (please check one): REGULAR PRESCHOOL <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> 147.00 </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: _____ ⑆ 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: _____ | |
| 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.