

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>2023</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"/> _____ <input type="checkbox"/> _____		
Date of first payment: ____ / ____ / ____ Date of last payment (optional): <u> 5 </u> / <u> 01 </u> / <u> 24 </u>	Payment frequency: <input type="checkbox"/> Weekly on N/A <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>165.00</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.