

Automatic Tuition Payment Authorization Form

Organization Name: GRACE BEGINNINGS PRESCHOOL

Your Name (First, Last): _____

Address: _____

City, State, Zip: _____

Email: _____

I would like the following amount
to be given to:

Grace Beginnings Preschool

Tuition Amount: \$ _____

Date of first payment: __/__/____

Date of last payment: __/__/____

Frequency of contribution (check one):

Monthly on the 1st

Monthly on the 15th

CHECKING/ SAVINGS Complete this section if using your checking or savings account.

Please debit my (check one):

Checking Account — *Attach voided check*

Savings Account — *Attach voided deposit slip*

Routing #: _____ Account #: _____

I authorize the above organization to process debit entries to the above account. I understand that this authority will remain in effect until the end of the 2018– 2019 School year (April), unless provided the organization has been provided with reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: __/__/____