

## 2022-2023 PRESCHOOL/DAYCARE AUTOMATIC WITHDRAW FORM

Below is the authorization form, which gives our Church authority to withdraw your payment for fees from your bank account. **A new form must be completed each school year.**

### All you need to do is:

1. Indicate which programs your children will attend this school year.
2. Indicate whether your payment will be withdrawn from your checking or savings account. Please attach a voided check for verification of account and routing numbers or write "same account as last year" in this space.
3. Indicate the date on which the payment is to be withdrawn by checking the box for weekly or monthly (preschool only students) and indicate the amount to be deducted.
4. Be sure to sign the form.

\_\_\_\_\_ Number of students attending Preschool Only (Part Day) - Pay Monthly \*

\_\_\_\_\_ Number of students attending Preschool with After Care (Full Day) – Pay Weekly

\_\_\_\_\_ Number of students attending After School Care – Pay Weekly

### AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL (ACH DEBITS) ST. STEPHEN MARTYR

I (we) hereby authorize St. Stephen Martyr church to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our)

1) ☐ Checking Account ☐ Savings Account (select one)

ABA # \_\_\_\_\_ Account # \_\_\_\_\_

2) I (we) would like to initiate debit entries:

☐ Weekly on Monday (if using After School Care) Amount \_\_\_\_\_

☐ Monthly (\*Preschool Only) Circle One: 1<sup>st</sup> or 15<sup>th</sup> Amount \_\_\_\_\_

**(Registration Fee will be included with 1<sup>st</sup> payment if not yet paid)**

3) STUDENT NAME(S) \_\_\_\_\_

PAYOR NAME(S) \_\_\_\_\_  
(Please Print)

DATE \_\_\_\_\_ SIGNED X \_\_\_\_\_

SIGNED X \_\_\_\_\_