

AUTHORIZATION FORM

The **Simply Giving**® Program
endorsed by



School/Organization Name: **All God's Children Preschool**

FOR OFFICE USE ONLY	STUDENT #:	DATE:
Effective date of authorization: ____/____/____ 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		
<input type="checkbox"/> 8 Month Plan (Oct. through May) <input type="checkbox"/> 1 payment in amount of _____ on _____		
Date of first payment: ____/____/____ Date of last payment: ____/____/____		Payment frequency: <input type="checkbox"/> Monthly on 1 st of month
		Amount of first payment: \$ ____ Amount of ongoing payment: \$ ____ Amount of last payment (optional): \$ ____
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: _____	

If using a checking account, please attach a voided check at the bottom of this page.