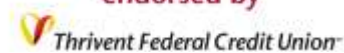


AUTHORIZATION FORM

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			
*September tuition will be processed July 1 *Tuition will be processed on the 1 st of the month October through May thereafter * Charges for Extended Programming will be processed on the 7 th of the month			
Date of first payment: ____/____/____ Date of last payment: 6 / 7 / 2021		2020-2021 Monthly Tuition: _____ 2 Day \$146 _____ 3 Day \$210	
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.