

Flagstaff Christian Preschool

Monthly Auto Pay Form 2018-2019

Students Name _____ Birthday _____

Students Name _____ Birthday _____

Payment Details

All electronic charges will be charged three to five days prior to the first of the upcoming month for monthly auto pay or the beginning of each week for weekly auto pay. You will be assessed a \$10 charge on declined transactions. Expect to pay these fees in full before your next class.

Withdrawal Details

If you wish to withdraw from classes, you must give a one month written notice. Forms are available at the front desk or on our website at www.flagstaffchristianpreschool.com .

Name _____ Phone _____

Name of Bank _____ Email _____

Electronic Routing Number _____ Bank Account Number _____

Authorization

I have read and accept the general and financial policies as stated here. I understand that by signing this authorization, I am entering an agreement with Flagstaff Christian Preschool. I understand that I must give a one month written notice to withdraw from classes. I authorize Flagstaff Christian Preschool to charge my checking/savings account on a monthly basis for classes. Signature _____ Date _____

2018-2019 FOR OFFICIAL USE ONLY

August _____

September _____

October _____

November _____

December _____

January _____

February _____

March _____

April _____

May _____