

Flagstaff Christian Preschool

Monthly Auto Pay Form 2019-2020

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. 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 _____

2019-2020 FOR OFFICIAL USE ONLY

August _____

September _____

October _____

November _____

December _____

January _____

February _____

March _____

April _____

May _____