

My School Preschool

ACH Authorization Form

| | | |
|--|--------------------------------|------------|
| Parent or Guardian Name | | |
| Address | | |
| City | State | ZIP |
| | | |
| Student Name | Monthly Tuition Amount: | |
| Student Name | Monthly Tuition Amount: | |
| Student Name | Monthly Tuition Amount: | |
| Total Monthly Debited Amount: | | |
| | | |
| My deduction will be taken directly from my checking account: | | |
| | | |
| Routing #: | Account # | |
| Routing number must start with 0, 1, 2, or 3, and is 9 digits long. | | |
| | | |
| I authorize My School Preschool to process debit entries to my account. I have attached a voided check. This authority will remain in effect until I have paid my 8 tuition payments in full, beginning August 5th through May 5th. I have also reviewed and signed the tuition contract stating that I will pay all Non-Sufficient Fund fees required, if I do not have the proper funds available at the time the debit takes place. | | |
| | | |
| Signature: | Date | |
| | | |
| Please attach voided check below. | | |