

Honey MacCallum Christian Preschool
Recurring Payment Authorization Agreement

Registration Date: _____

I/We hereby authorize Honey MacCallum Christian Preschool (*Patuxent Presbyterian Church*) to initiate automatic debit entries to my checking/savings account as indicated below, at the depositories named below.

(For ACH Debits please attach a voided check.) This includes Registration Fees and Tuition.

ACH Recurring Bank Draft (REQUIRED MONTHLY)	FOR OFFICE USE: Payment Dates
Bank Name _____	REG FEE: _____
	June: _____
Bank (Routing) ABA Number _____	Oct: _____
	Nov: _____
Account Number _____	Dec: _____
	Jan: _____
<p style="text-align: center;">Checking or Savings (Circle one)</p>	Feb: _____
	March: _____
	April: _____
	May: _____

This authorization is to remain in full force and effect during months where tuition is due and the student is enrolled or until the Director of Honey MacCallum has received written notification from me/us of disenrollment or change in bank information at least 3 business days PRIOR to the 1st of any month. I/We understand that it is my responsibility to notify the Director of Honey MacCallum of any changes to or banking information in writing.

ACCOUNT HOLDER MUST SIGN THIS AUTHORIZATION BELOW:

Signed: _____ **Date:** _____

Printed Name: _____ **Phone:** _____

Preferred Email: _____

Student(s) Name(s) _____