

# AUTHORIZATION FORM

LITTLE LAMBS PRESCHOOL



<b>FOR OFFICE USE ONLY</b>	<b>STUDENT #:</b>	<b>DATE:</b>
Effective date of authorization: 9/1/2016    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		
<b>TUITION PAYMENT PLAN</b> (please check one): <input type="checkbox"/> 9 Month Plan (September through May) <input type="checkbox"/> Payment In Full <input type="checkbox"/>		
<b>Date of first payment:</b> ____ / ____ / ____  <b>Date of last payment:</b> 5/15/17	<b>Payment Frequency:</b> <input type="checkbox"/> Monthly on 15 <sup>th</sup>	<b>Amount of First Payment:</b> \$ 200.00 <b>Amount of Ongoing Payment:</b> \$ 200.00 <b>Amount of Last Payment:</b> \$ 200.00
<b>CHECKING / SAVINGS</b>	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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ ⑆ 23456789 ⑆ 23 23456* 000 ⑆ └──────────┬──────────┬──────────┘ Routing Number                      Account Number                      Check 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.*