AUTHORIZATION FORM

Organization Name: LITTLE LAMBS PRESCHOOL

FOR OFFICE USE ONLY	CUSTOMER #	DATE:

Effective date of authorization: _____/_____/_____

Type of authorization:
- ❑ New authorization
- ❑ Change banking information
- ❑ Change payment amount
- ❑ Discontinue electronic payment
- ❑ Change payment date

Last Name	First Name

Address

City	State	Zip

Email Address

MONTHLY PAYMENT: 2018-2019

Date for monthly withdrawal (please check one): ❑ 1st ❑ 15th ❑ Other_____

Date of first payment: _____/_____/_____ Amount of monthly payment: $_____

CHECKING / SAVINGS

Please debit payment from my (check one):

- ❑ Savings Account (contact your financial institution for Routing #)
- ❑ Checking Account (staple a voided check below)

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____

⑆123456789⑆ 123 123456⑈ 0001

- Check Number
- Account Number
- Routing 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 to the bottom of this page.