AUTHORIZATION FORM

FOR OFFICE USE ONLY	STUDENT #	DATE:

Name of School: _____

Effective date of authorization ____/____/____

Name of Student _____

Type of Authorization Form:

- ☐ New Authorization
- ☐ Change banking information
- ☐ Change payment amount
- ☐ Discontinue electronic payment

Last Name	First Name	
Address		
City	State	Zip

Please debit payments from my (check one):

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

Routing Number: _____

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

Account Number: _____

⑆123456789⑆ 123 123456 ⑈0001⑈

Routing Number Account Number Check Number

Tuition Payment Plan (please check one):

- ☐ 9 Months Preschool (Sept – May)
- ☐ 10 Months School (Aug – May)

Date of first Payment:
____/____/____

Note: Payments are debited monthly on the 10th

Amount of ongoing payment: _____

Date of last Payment:
____/____/____

AGREEMENT

I authorize the above school and Vanco Services, LLC 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: _____