

Southern Hills Preschool

Payment Authorization Form

I authorize Southern Hills Preschool to initiate either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Child's Name _____ Class _____ Rate \$ _____

Child's Name _____ Class _____ Rate \$ _____

Child's Name _____ Class _____ Rate \$ _____

Child's Name _____ Class _____ Rate \$ _____

Terms of Billing

Please note there will be a \$20.00 fee for all returned checks or transactions. Once a payment is made, it is non-refundable.

Tuesday 2Yr. Old Class			Tuesday & Thursday Classes			Mon, Wed, & Fri Classes		
9/1	\$80.00	September	8/17	\$80.00	August	8/17	\$110.00	August
10/1	\$80.00	October	9/17	\$80.00	September	9/17	\$110.00	September
11/1	\$80.00	November	10/17	\$80.00	October	10/17	\$110.00	October
12/1	\$80.00	December	11/17	\$80.00	November	11/17	\$110.00	November
1/1	\$80.00	January	12/17	\$80.00	December	12/17	\$110.00	December
2/1	\$80.00	February	1/17	\$80.00	January	1/17	\$110.00	January
3/1	\$80.00	March	2/17	\$80.00	February	2/17	\$110.00	February
4/1	\$80.00	April	3/17	\$80.00	March	3/17	\$110.00	March
5/1	\$80.00	May	4/17	\$80.00	April	4/17	\$110.00	April
Total	\$720.00		Total	\$720.00		Total	\$990.00	

Bank Information

Routing Number: _____

Account Number: _____

Account Type: Checking Savings Consumer Business

This payment authorization is to remain in full force and effect until I, _____, notify Southern Hills Preschool of its cancellation by sending a written 2-week notice in such time and in such manner to allow both Southern Hills Preschool and the receiving financial institution a reasonable opportunity to act on it.

Customer Printed Name: _____

Phone Number: _____ Email: _____

Customer Signature: _____ Date: _____