

# 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 & Thursday 2Yr. Old Class			Tuesday & Thursday 3 & 4Yr. Old Classes			Mon, Wed, & Fri 4 & 5 Yr. Old Classes		
<b>9/7</b>	\$80.00	September	<b>8/16</b>	\$80.00	August	<b>8/16</b>	\$110.00	August
<b>10/7</b>	\$80.00	October	<b>9/16</b>	\$80.00	September	<b>9/16</b>	\$110.00	September
<b>11/7</b>	\$80.00	November	<b>10/16</b>	\$80.00	October	<b>10/16</b>	\$110.00	October
<b>12/7</b>	\$80.00	December	<b>11/16</b>	\$80.00	November	<b>11/16</b>	\$110.00	November
<b>1/7</b>	\$80.00	January	<b>12/16</b>	\$80.00	December	<b>12/16</b>	\$110.00	December
<b>2/7</b>	\$80.00	February	<b>1/16</b>	\$80.00	January	<b>1/16</b>	\$110.00	January
<b>3/7</b>	\$80.00	March	<b>2/16</b>	\$80.00	February	<b>2/16</b>	\$110.00	February
<b>4/7</b>	\$80.00	April	<b>3/16</b>	\$80.00	March	<b>3/16</b>	\$110.00	March
			<b>4/16</b>	\$80.00	April	<b>4/16</b>	\$110.00	April
<b>Total</b>	<b>\$640.00</b>		<b>Total</b>	<b>\$720.00</b>		<b>Total</b>	<b>\$990.00</b>	

### 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: \_\_\_\_\_