

Automatic Withdrawal Authorization

Immaculate Heart of Mary

Preschool

ES6614-02

Name on Account (Please Print)				
Address				
City		State	Zip	
Students Names:				
Authorization Form				
<input type="checkbox"/> New Authorization		<input type="checkbox"/> Change Tuition Amount	<input type="checkbox"/> Change Financial Institution Account	
		<input type="checkbox"/> Change Payment Date	<input type="checkbox"/> Discontinue Electronic Payment	
Tuition Payment Plan – Transferred on either the 1 st or the 15 th of each month. CIRCLE ONE: 1st 15th				
<input type="checkbox"/> 9 Month Plan (Sept through May)		Monthly Tuition Payment: \$ _____		
<input type="checkbox"/> 1 Payment (Sept 1 or 15)		Tuition Payment Total for Year: \$ _____		
<input type="checkbox"/>		Tuition Payments to Begin on (date) _____		
Please take my tuition payment directly from the account specified:				
<input type="checkbox"/> Checking Account (attach a voided check)		<input type="checkbox"/> Savings Account (attach a savings deposit slip)		
Routing #: Routing number must start with 0, 1, 2, or 3, is 9 digits long, and is located at bottom of check between these symbols : :			Account #:	
I authorize Immaculate Heart of Mary School and Vanco Services, LLC to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization. I understand there will be a \$25.00 NSF fee automatically charged to my account for any nonsufficient funds (NSF) transactions.				
Authorized signature on my account:			Date:	
Please attach a voided check or savings deposit slip.				