

Preschool in the Valley – ACH Payment Authorization

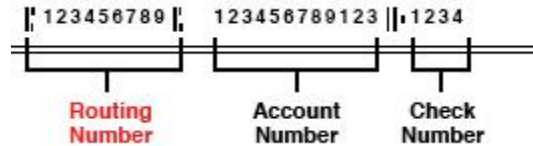
Today's Date (mm/dd/yyyy)	
Effective Date of Authorization	October 1, 2024

Type of Authorization: New Bank Information Change Other _____

Last Name		First Name	
Address			
City, St, Zip			
Email			

Preschool Tuition: (September payment is included in registration fee)

<input type="checkbox"/> 5 Days a week	8 monthly payments of \$490 beginning October 1, 2024 thru May 1, 2025 ___ number of students and names _____
<input type="checkbox"/> 4 Days a week	8 monthly payments of \$430 beginning October 1, 2024 thru May 1, 2025 ___ number of students and names _____
<input type="checkbox"/> 3 Days a week	8 monthly payments of \$345 beginning October 1, 2024 thru May 1, 2025 ___ number of students and names _____
<input type="checkbox"/> 2 Days a week	8 monthly payments of \$260 beginning October 1, 2024 thru May 1, 2025 ___ number of students and names _____



Banking Information: Checking Account Savings Account

Please write numbers very clearly

Routing Number	
	Valid Routing # must start with 0, 1, or 3 and is 9 digits long
Account Number	

I authorize Preschool in the Valley to process debit entries to my account, based on the selection of service above. I understand that this authority will remain in effect according to the terms of the Enrollment Agreement.

Authorized Signature _____ Date _____