Preschool in the Valley
at Great Valley Presbyterian Church

Preschool in the Valley
ACH Payment Authorization

Date (mm/dd/yyyy)_____

Effective Date of Authorization (mm/dd/yyyy) _____

Type of Authorization ☐New ☐Bank Information Change ☐Other_____

Last Name _____ First Name _____
Address _____
City _____ State _____ Zipcode_____
Email_____

Preschool Tuition:

☐ 5 Days a week	9 monthly payments of $449 beginning September 1, 2022 thru May 1, 2023 ___ number of students and names _____
☐ 4 Days a week	9 monthly payments of $394 beginning September 1, 2022 thru May 1, 2023 ___ number of students and names _____
☐ 3 Days a week	9 monthly payments of $320 beginning September 1, 2022 thru May 1, 2023 ___ number of students and names _____
☐ 2 Days a week	9 monthly payments of $243 beginning September 1, 2022 thru May 1, 2023 ___ number of students and names _____

123456789   123456789123   1234

Routing Number   Account Number   Check Number
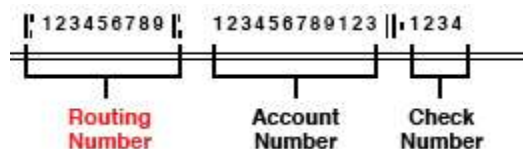
Banking Information:

☐ Savings Account
☐ Checking Account
    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 _____