

Below is an authorization form, which gives **Faith Preschool of Jacob's Well** authority to withdraw payments from your account. Simply complete this form and attach a voided check from the account that you wish to have your payments withdrawn from.

1. Indicate whether your payment will be withdrawn from a checking or savings account.
2. Attach **a voided check for verification** of account number and routing number, if checking account.
3. Please sign the form and return the form to:

*Faith Preschool of Jacob's Well
10707 Coldwater Road
Fort Wayne, IN 46845*

Authorization Agreement for Automatic Withdrawal (ACH Debits)

I (we) hereby authorize **Faith Preschool of Jacob's Well** to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our)

____ Checking Account ____ Savings Account

ABA/Routing # _____ Account # _____

Withdrawal date will always be on the 5th of the month.

Payment Amount: Circle one

____ Monthly (3 yr olds \$135.00) (4 yr olds \$150.00) (AM & PM 4/5's \$160.00)
(Pre-K \$170.00)

The ending date for this authorization will be at the end of the school year. You may contact Judy Berggren at (260) 637-9957 or faithpreschool@frontier.com if it is necessary to discontinue on a certain date.

Student Name (s) _____

Name on Account _____

Signature _____

Date ____/____/____

Return by August 31st for Automatic withdrawals to start in September.