

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 Simply complete this form and attach a voided check from the account that you wish to have your payments withdrawn from.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 Indicate whether your payment will be withdrawn from a checking or savings account.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) (PM 3/4's & 4 yr olds \$130.00) (AM 4/5's) (PM 4/5's \$140.00)
(Pre-K \$150.00)

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 28th for Automatic withdrawals to start in September.