

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 Simply complete this form and attach a voided check from the account that you wish to have your payments withdrawn from.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 Indicate whether your payment will be withdrawn from a checking or savings account.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 5<sup>th</sup> of the month.

Payment Amount: Circle one

\_\_\_\_\_ Monthly (3 yr olds **\$120.00**) (PM 3/4's & 4 yr olds **\$135.00**) (AM 4/5's **\$145.00**) (PM 4/5's **\$145.00**)  
(Pre-K **\$155.00**)

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](mailto:faithpreschool@frontier.com) if it is necessary to discontinue on a certain date.

Student Name (s) \_\_\_\_\_

Name on Account \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Return by August 28<sup>th</sup> for Automatic withdrawals to start in September.**