

# KIRK Preschool

## ACH Bank Draft Authorization Form

### ACCOUNT HOLDER INFORMATION

Name:

Billing Address:

City:

State:

Zip:

Email Address:

### PAYMENT AUTHORIZATION

Campus: \_\_\_\_\_ Hills \_\_\_\_\_ Crossing

Name on the Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

ACH Routing Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

I, \_\_\_\_\_ authorize Kirk Preschool to process

\_\_\_\_\_ One time deposit

\_\_\_\_\_ a monthly recurring charge on the 15<sup>th</sup> of each month

against my checking account in the amount of \$ \_\_\_\_\_

for the payment of tuition for the student \_\_\_\_\_.

From \_\_\_\_\_ to \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

