



I (we) hereby authorize SAINT BERNARD PRESCHOOL to initiate debit entries to my (our) checking or savings account indicated below at the depository financial institution indicated below. I (we) authorize SAINT BERNARD PRESCHOOL to withdraw sufficient funds to pay my (our) regular preschool/childcare tuition and/or other preschool/childcare related fees that are due and payable. These funds will be withdrawn once per month for the tuition and fees due that month.

Your name\_\_\_\_\_

Address\_\_\_\_\_

City, State, Zip\_\_\_\_\_

Phone\_\_\_\_\_

Depository (Bank)\_\_\_\_\_

City, State, Zip\_\_\_\_\_

Type of account  
Checking\_\_\_\_\_ Savings\_\_\_\_\_

Routing Transit Number\_\_\_\_\_

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

This authorization will remain in full force and effect until I (we) notify SAINT BERNARD PRESCHOOL in writing of its termination. Notices must be received at least 5 business days in advance of the termination date.

Signature\_\_\_\_\_

Date\_\_\_\_\_