

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

All God's Children Preschool & School Age Care
 1195 Steeple Lane NE, Swisher, Iowa 52338
 (319) 848-2393



Child(ren)'s Name:		
Last Name of Person Listed on Account		First Name of Person Listed on Account
Address		
City	State	Zip
Email		
CHECKING / SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple avoided check below) You do not have to provide a voided check if a voided check has been given to this organization, from the same checking account, in the past 2 years.	
	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 	
I hereby confirm my authority as an authorized signer of the above-referenced bank account and authorize All God's Children to initiate debit entries to this account for payments incurred for preschool and/or childcare expenses of the child(ren) listed above. This authority remains in effect until I provide reasonable notification to terminate the authorization.		
Authorized Signature: _____		Effective Date: _____ (today's date)

Please attach avoided check below

