AUTHORIZATION FORM FOR:

Good Shepherd Little Lamb Preschool
1500 Sand Lake Road, Holmen, WI 54636

Customer Id # (for office use only)		**DATE**

Effective date of authorization: _____/_____/_____

Type of authorization: ❑ New authorization ❑ Change payment amount ❑ Change payment date
❑ Change banking information ❑ Discontinue electronic payment

Last Name	First Name	
Address		
City	State	Zip
Email Address		

Payment Date: ❑ 1st of the month
❑ 15th of the month

Date of first payment: _____/_____/_____   Amount of recurring payment: $_____

CHECKING / SAVINGS

Please debit payment from my (check one):

❑ Savings Account (contact your financial institution for Routing #)

❑ Checking Account

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____

⑆123456789⑆ 123 123456⑈ 0001

Routing Number
Account Number
Check Number

I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization or the end of the school year.

Authorized Signature:_____ Date:_____