

**Lansdowne LEAP  
Automatic Debit  
Agreement**

Office Use Only:
Start Date: _____
Date of Change: _____
Change in Status or Notes:

Student Name \_\_\_\_\_

<h2>Automatic Debit Authorization Agreement</h2> <p>I hereby authorize Lansdowne Elementary School to initiate the automatic debit entries to the account listed below. I understand that automatic debits will only be posted to my account for the date and amount listed below.</p> <p>This authorization will remain in effect while my child(ren) is enrolled in the after school program at Lansdowne Elementary School. I can cancel the automatic debit once the Lansdowne Elementary LEAP Program has received a written notification from me at least 30 days prior to the next scheduled debit date.</p> <p><input type="checkbox"/> Use the new account listed below (Voided check attached)</p> <p><b>Signature(s) of Account Holder Required:</b></p> <p>X _____ x _____ Date: _____</p>
--

**Automatic Debit Entries Information:**

- Day of each month that funds will be debited from my account: 5<sup>th</sup> Day of the Month or the following business day if the day falls on a weekend or federal holiday.
- Amount of funds to be debited from my account monthly: Varies according to fee schedule

**Bank Account Information for Debit:**

Financial Institution Name \_\_\_\_\_

Financial Institution ABA Number (Routing Number) \_\_\_\_\_

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

<h2>Attach Here:</h2> <p>Voided Check Or Verification of account information from the banking institution</p>
---

**Lansdowne LEAP  
Automatic Debit  
Agreement**

<p>Office Use Only:</p> <p>Start Date: _____</p> <p>Date of Change: _____</p> <p>Change in Status or Notes:</p>
---

**Student Name** \_\_\_\_\_

This is a \_\_\_\_\_ checking account \_\_\_\_\_ savings account (Check One)