

Student Name: _____

Date: _____

Automatic Debit Authorization Agreement

I hereby authorize Garden Springs Elementary School to initiate the automatic debit entries to the account listed below. I understand that automatic debits will be posted to my account for the date on the fee schedule.

This authorization will remain in effect while my child(ren) are enrolled at Garden Springs Elementary. I can cancel the automatic debit once Garden Springs has received written notification from me by the 25th of the prior month in order to stop the auto-debit, except for January. For January, we must be notified by December 10th, due to Winter Break. For April, we must receive notification one week prior to Spring Break.

Automatic Debit Entries Information:

Dates/Fees: * Please see attached fee schedule

Bank Account Information for Debit:

Financial Institution Name: _____

Financial Institution ABA Number (Routing Number): _____

Individual Account Number: _____

This is a _____ checking account _____ savings account (Check one)

To have Registration Fee drafted, please sign here: _____

Note: A voided CHECK must be attached below:

Attach Here:

Voided Check

or Verification of Account from the Banking Institute