

Student Name _____

VETERANS PARK ELEMENTARY SCHOOL

**AUTOMATIC DEBIT
AUTHORIZATION AGREEMENT**

I hereby authorize Veterans Park 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 I have listed below.

This authorization will remain in effect until Veterans Park Elementary School has received written notification from me at least 30 days prior to the next scheduled debit date.

Signature(s) X _____ X _____

Information for Automatic Debit Entries:

Day of each month that funds will be debited from my account: **5th**

Amount of funds to be debited from my account monthly: **Varies according to fee schedule.**

**Information for bank account that will be debited OR
write "SAME" if the same account from 2019-2020 will be used:**

Financial Institution Name _____

Financial Institution ABA Number (Routing Number) _____

Individual Account Number _____

This account is a _____Checking Account _____Savings Account (Please select one)

A voided CHECK must be attached below if the account is a checking account.