

Student Name(s): _____

(3rd Child – no charge) _____

Cassidy Elementary School - Colts Camp and Morning Program

AUTOMATIC DEBIT AUTHORIZATION AGREEMENT

I (we) hereby authorize Cassidy Elementary School to initiate automatic debit entries to the account listed below. I understand that the automatic debits will only be posted to my account for the date and amount listed below. Furthermore, if necessary, credit entries and adjustments for any debit entry in error may be made to my account in relation to such debit entries.

This authorization will remain in effect until Cassidy Elementary School has received written notification for me at least 20 days prior to the next scheduled debit date.

Signature(s) X _____ X _____

Date: _____

Information for Automatic Debit Entries:

Day of each month that funds will be debited from account will be the 5th of each school month unless otherwise stated on the payment schedule.

Amount of funds to be debited from account monthly will vary according to the payment schedule.

Information for Bank Account that will be Debited:

Financial Institution Name: _____

Financial Institution ABA Number: ____ _

(Routing Number – 9 digit number on bottom left of check)

Individual Account No.: _____ Account Holder Name: _____

This account is a (select one): ____ checking account ____ savings account

Check this box if you would like for us to use your voided check on file from last year:



Attach voided check here