

Authorization Agreement for Automatic Withdrawal of Funds

File # _____ (leave blank if not applicable)

Name (please print) _____

Address _____

City _____ State _____ Zip _____

Please debit my tuition payment from my (check one):

Checking Account (attach voided check)

Savings Account (attach savings deposit slip)

Routing Number: _____
Located at bottom of check between the symbols |: |:

Account Number: _____

I would like to make the following regular payment(s):

<u>Program</u>	<u>Dollar Amount</u>	<u>Frequency</u>	<u>Start Date</u>
<input type="checkbox"/> Child Care	\$ _____	<input type="checkbox"/> Weekly – Mondays	___/___/___
<input type="checkbox"/> Preschool	\$ _____	<input type="checkbox"/> Monthly – 1 st	___/___/___

I authorize **Dover Bethany United Methodist Church** and **Vanco Services, LLC** to process debit entries from my checking or savings account indicated above. I understand that this authorization will remain in effect until I have it canceled or I withdraw my child(ren) from the program. If I wish to cancel my authorization or make any changes to the above information, I will notify **Dover Bethany United Methodist Church** within a reasonable length of time. I have attached a voided check or savings deposit slip below.

Signature _____

Date _____

Please place voided check or savings deposit slip here.