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**ACH Authorization Form**

**2019-2020**

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| --- | --- | --- |
| **Parent or Guardian Name** | | |
| **Address** | | |
| **City** | **State** | **ZIP** |
|  | | |
| **Student Name** | **Monthly Tuition Amount:** | |
| **Student Name** | **Monthly Tuition Amount:** | |
| **Student Name** | **Monthly Tuition Amount:** | |
| **Total Monthly Debited Amount:** | | |
|  | | |
| **My deduction will be taken directly from my checking account:** | | |
|  | | |
| **Routing #:** | **Account #** | |
| **Routing number must start with 0, 1, 2, or 3, and is 9 digits long.** | | |
|  | | |
| **I authorize Dutilh Preschool, an outreach program of the Cranberry Campus of Dutilh UMC, and Mars National Bank to process entries to my account. I have attached a voided check. This authority will remain in effect until I have paid my remaining 8 tuition payments in full, beginning August 5th through March 5th. I also agree to pay all Non-Sufficient Fund fees required, if I do not have the proper funds available at the time the debit takes place.** | | |
|  | | |
| **Signature:** | | **Date** |
|  | | |
| **Please attach voided check below.** | | |