

Authorization Agreement for Direct Deposits (ACH Debits)

Peace Lutheran Preschool
701 South Century Avenue
Waukegan, WI 53597

I (we) hereby authorize Peace Lutheran Preschool to electronically debit my (our) checking/savings account at the financial institution listed below (The Financial Institution) and if necessary may electronically adjustments for any transactions credited/debited in error. I (we) understand that this authorization will remain in full force through the academic school year unless I (we) notify Peace Lutheran Preschool in writing that I (we) wish to revoke this authorization. I (we) understand that Peace Lutheran Preschool requires 30 day notice in order to cancel the authorization.

Name of Financial Institution

Address of Financial Institution – Branch, City, State, & Zip

Signature

Date

Name – please print

Address – please print

Monthly Preschool Tuition \$_____.

Financial Institution Routing Number: _____

___ Checking **OR** ___ Savings Account Number: _____

Please attach a voided check.