

AUTHORIZATION FORM

Paideia Classical School

ES17909

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: _____

Type of Authorization Form:

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information
<input type="checkbox"/> Change payment amount	<input type="checkbox"/> Discontinue electronic payment
<input type="checkbox"/> Change payment date	

Last Name	First Name
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Address _____

City	State	Zip
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Email Address _____

DATE OF FIRST PAYMENT: ____ / ____ / ____	FREQUENCY OF PAYMENT: <input type="checkbox"/> One-time <input type="checkbox"/> Monthly on the ____	FUNDS AND AMOUNTS: <input type="checkbox"/> Kindergarten \$ _____ <input type="checkbox"/> 1 st - 8 th grade \$ _____ <input type="checkbox"/> 2 nd child \$ _____ <input type="checkbox"/> 3 rd child \$ _____ <div style="text-align: right;">TOTAL \$ _____</div>
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CHECKING / SAVINGS	Please debit my payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ <small> ⑆ 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 * 0 0 0 1 └─── Routing Number └─── Account Number └─── Check Number </small>
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I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____

Please staple voided check here: