

96 Pond Road
Hinesburg, VT 05461
(802) 482-2525
billing@annettespreschool.com



DEBIT AUTHORIZATION

Children's Name(s): _____
Your E-mail Address: _____

I (we) hereby authorize Annettes Preschool, to initiate **debit** entries to the account indicated below and the FINANCIAL INSTITUTION named below to debit the same to such account for the amount of tuition indicated below*. I (we) acknowledge that the origination of ACH transactions to my (our) account(s) must comply with the provisions of U.S. law.

(Please indicate choice:

* []=MONTHLY TUITION (12 times per year) * []=SINGLE WEEKLY TUITION)

****Please attach a voided check****

FINANCIAL INSTITUTION

ROUTING NUMBER

CITY

STATE ZIP CODE

ACCOUNT NUMBER

(Please indicate choice): []=CHECKING []=SAVINGS

This authority is to remain in full force and effect until Annettes Preschool has received notification from me (or either of us) of its termination in such time and in such manner as to afford Annettes a reasonable opportunity to act on it.

Signature

Signature

Print Name

Print Name

Date

Date