

AUTHORIZATION FORM



Name of the organization: Indian Run UMC Preschool

FOR OFFICE USE ONLY		DATE
Effective date of authorization: ____/____/____ Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment		
Last Name		First Name
Address		
City		State Zip
Email Address		
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Monthly on the 5 th	FUNDS: <input type="checkbox"/> Tuition
		AMOUNT: \$ _____
ANNUAL PREPAID TUITION (ONE-TIME) \$ _____ Date to be transferred ____/____/____		
CHECKING / SAVINGS	Please debit my tuition from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ ⑆ 23456789 ⑆ 23 ⑆ 2345678 0001 └─── Routing Number └─── Account Number └─── Check Number
	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: _____	

If you have any questions, contact Lisa King @614 889-7728 or at bookkeeper@indianrun.org

If using a checking account, please attach a voided check at the bottom of this page.