AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

Nativity Early Learning Center **ES4253-01**

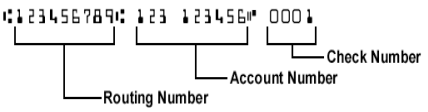
Child(ren)s Name(s):		
Parent's Last Name on Account	Parent's First Name on Account	
Address		
City	State	Zip

Please debit payments from my (check one):

- ❑ Checking Account (staple a voided check below)
- ❑ Savings Account (contact your financial institution for Routing #)

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____



Program Payment Plan
9 Month Plan – September through May

Date of first payment: _____/_____/_____	**Date of monthly payment:** Monthly on the 1st	**Amount of ongoing payment:** $ _____
Date of last payment: _____/_____/_____		

AGREEMENT

I authorize Nativity Early Learning Center and Vanco Services, LLC 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.