

AUTHORIZATION FOR PREAUTHORIZED PAYMENTS

I hereby authorize Samaritan-Rensselaer Children's Center to initiate automatic withdrawals from my checking account to pay for any and all tuition charges for the child(ren) listed below. All withdrawals will occur in advance on the 1st and the 15th of each month or the first business day following these dates if they fall on a holiday or weekend. Each withdrawal will be in the amount of ½ of the child(ren)'s monthly tuition, if a withdrawal is missed for any reason, that withdrawal will be made up at the time of the next scheduled withdrawal.

This authorization is to remain in full force and effect as long as the child(ren) listed below is a student at Samaritan-Renssealer Children's Center, unless changed by a subsequent authorization.

Child's Name: _____

Bank Name _____

Account Number: _____

Important- Please attach a copy of a voided check to this form for the account listed above

Printed Parent or Guardian Name: _____

Signed Parent or Guardian Name: _____

Date: _____