

# AUTHORIZATION FORM



FOR OFFICE USE ONLY	STUDENT:	DATE:
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<b>Little Lambs Preschool</b>		<b>514989142</b>
Effective date of authorization: ____/____/____		Name of Student: _____
Type of Authorization Form:	<input type="checkbox"/> New Authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date	<input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment

Last Name	First Name	
Address		
City	State	Zip

Please debit payments from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>  Account Number: _____ 
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**Tuition Payment Plan** : 9 Month Plan – September through May

Date of first payment: 9/15/10	Date of payment: Monthly on the 15 <sup>th</sup> of each month	Amount of first payment: \$ _____
Date of last payment: 5/15/11		Amount of ongoing payment: \$ _____
		Amount of last payment (optional): \$ _____

**AGREEMENT**

I authorize the above school 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: \_\_\_\_\_

