



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

DEBIT AUTHORIZATION

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

I (we) hereby authorize Annette's 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

(Please indicate choice): CHECKING SAVINGS ACCOUNT NUMBER

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

Print Name:

Signature

Date