

Dutilh Preschool ACH Authorization Form

2018-2019

Parent or Guardian Name		
Address		
City	State	ZIP
Student Name	Monthly Tuition Amount:	
Student Name	Monthly Tuition Amount:	
Student Name	Monthly Tuition Amount:	
Total Monthly Debited Amount:		
My deduction will be taken directly from my checking account:		
Routing #:	Account #	
Routing number must start with 0, 1, 2, or 3, and is 9 digits long.		
I authorize Dutilh Preschool, an outreach program of the Cranberry Campus of Dutilh UMC, and Mars National Bank to process entries to my account. I have attached a voided check. This authority will remain in effect until I have paid my remaining 8 tuition payments in full, beginning August 5th through March 5th. I also agree to pay all Non-Sufficient Fund fees required, if I do not have the proper funds available at the time the debit takes place.		
Signature:	Date	
Please attach voided check below.		