



Westwood

Preschool

Electronic Funds Transfer Authorization

Please complete this form and return to Westwood Preschool

Name of Payor _____

Child's Name _____

Address _____ Phone # _____

City/State/Zip _____

I hereby authorize the accounting department of Westwood Community Church to automatically withdraw **8 payments** from my checking/savings account in the monthly amount indicated below. I understand and accept that this will begin September 2018 and will continue until April 2019 unless Westwood Preschool receives a 30 day written notification from me stating that the automatic withdrawal should be terminated. I understand the monthly withdrawals will be made on the 5th of each month or the next business day if the 5th falls on a non-business day. I also understand the first month's tuition payment and Activity Fee will be paid by **check by June 15, 2018** to ensure fall enrollment.

Signature _____ Date _____

- 2 Day M/W \$150
- 3 Day M/W/F \$195
- 4 Day M/T/W/F \$250
- 3 Full Day M/W/F \$450

Bank and Account Information

Bank Name _____ Phone # _____

City/State/Zip Code _____

Name on the account _____

Acct # _____ Checking Savings

Routing/ABA # _____

****Please attach a voided check if using a checking account**

OR savings deposit slip if using a savings accounts**