

# DIRECT DEBIT (E-CHECK) AUTHORIZATION FORM 2020-21

I (we), \_\_\_\_\_ hereby authorize **Congregation Beth Shalom**, to debit \$ \_\_\_\_\_ from my/our account.

**Please debit my/our account on the \_\_\_\_\_ (1<sup>st</sup> to 20<sup>th</sup>) of each month.**

Payments are processed on the next business day if the selected date falls on a weekend or holiday.

Pay the following (please check all that apply):

\_\_\_\_\_ Alefbet Preschool Tuition and Fee Charges                      \_\_\_\_\_ Before/Aftercare  
\_\_\_\_\_ PTO Fees and Donations                      \_\_\_\_\_ Other Preschool Charges (T-shirts, etc.)

PTO fees will be added to the September payment. Aftercare charges will be added to the next monthly payment.

Name on Account: \_\_\_\_\_ Bank Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Account Type: (check one)                      \_\_\_\_\_ Checking                      \_\_\_\_\_ Savings

Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

This authorization is to remain in full force and effect for the school year or until **Congregation Beth Shalom** has received a minimum of 14 days' written notification terminating this authorization. I (we) further understand that I (we) are liable for all amounts due should a debit transaction be declined and that I (we) agree to pay a \$25 fee for all returned debit transactions.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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FOR OFFICE USE ONLY                      Form Received: \_\_\_\_\_