



## AUTOMATIC WITHDRAWAL AUTHORIZATION FORM

The Automatic Withdrawal Plan allows monthly tuition to be withdrawn from your checking account on the 5<sup>th</sup> of each month. Upon receipt of this authorization form your billing will be set up for automatic withdrawal, noted as a withdrawal from BMO Harris. Please furnish the information needed below and **return this form along with a voided check** to St. Luke's Early Childhood Programs.

I hereby request and authorize **St. Luke's Early Childhood Programs** to initiate charges to my checking account, which is identified below. I also authorize the listed financial institution to make the requested payments in accordance with the BMO Harris Automatic Withdrawal Plan. **This authorization will remain in effect until your children no longer attend St. Luke's and the last monthly payment has been received OR until you cancel.** If you wish to cancel automatic withdrawal, written notification from must be submitted to Carol Whitsitt or Julie Tomaszewski and must allow a reasonable opportunity to act upon it.

I agree to pay a \$1.00 convenience fee for processing each month's withdrawal. I further agree that if any such withdrawal is dishonored, whether with or without cause, the account holder is responsible for any extra fees charged by BOTH the account holder's banking institution and BMO Harris Bank.

PLEASE PRINT Parent Name as shown on financial institution records: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

STUDENT INFORMATION: SCHOOL YEAR: _____			OFFICE USE ONLY
	Name (first & last)	Class/Days	Cost per month
Child 1			
Child 2			
Child 3			
		<b>SUBTOTAL</b>	
<i>Parent Signature for updated amount</i>		<b>Convenience Fee</b>	\$1.00
		<b>TOTAL</b>	

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