

ELECTRONIC FUNDS TUITION WITHDRAWAL - 2025-2026

Print name of person responsible for payment

Student's Name

Mailing Address

City & ZIP

Email Address

Phone Number

I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.
I (We) herby authorize THE VILLAGE CHURCH PRESCHOOL to debit my (our)account at the financial institution (s) below for the amount stated on this form.

FOUR EQUAL PAYMENTS OF: \$ _____

BEGIN WITHDRAWAL ON DATES LISTED BELOW:

JULY 15, 2025; SEPTEMBER 15, 2025; NOVEMBER 15 2025; JANUARY 15, 2026

Please use my same banking information from last year.

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

SIGNATURE: _____ **DATE:** _____

*** PLEASE ATTACH A VOIDED CHECK HERE ***

Village Church Preschool

