

Our Lady of the Presentation Early Childhood Center
100 SW Murray Rd.
Lee's Summit MO, 64081
(816)251-1140 Fax (816)251-1132

Automatic Payment Withdraw Authorization

I hereby authorize Our Lady of the Presentation Church, to make the appropriate deductions from my checking account indicated below for the specified amount on the agreed upon dates. (Please attach a voided check)

Institution Name _____

Routing Number _____ Account Number _____

Deduction Amount _____

Circle Deduction Schedule: Monday 1st 15th (if paying in advance)

Date to start withdrawal _____

All tuition must be paid in advance. If you have chosen the monthly option then your automatic withdraw must be taken on the 1st. If you would like it taken on the 15th your payment must be for the next month. If you need to change your date or stop your automatic withdrawal please notify us in writing at least one week in advance.

Name _____

Signature _____

Date _____