

DALLAS FIRST UNITED METHODIST CHURCH
CHILDREN'S LEARNING CENTER DEBIT AUTHORIZATION

Name of Child(ren) _____

Parent/Guardian _____

Street Address _____

City _____ State _____ Zip Code _____

I hereby authorize the First United Methodist Church to initiate debit entries to my account indicated below and the financial institution named below to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Bank Information

(Your Financial Institution Name)

(Routing Number)

(Account Number)

Type of Account: **Checking OR Savings** (circle one) **Please attach voided check.**

* _____ Dallas First UMC will debit my account on the 1st day of August (Start Month) and end May 1st of the current school year. If the 1st day of the month occurs on a weekend or a holiday, the debit will be drafted on the next business day.

Amount to be debited: \$ _____ to be used for Children's Learning Center Tuition.

This authority is to remain in full force and effect until the First United Methodist Church has received written notification from me of its termination in such time and manner as to afford the First United Methodist Church and your Financial Institution a reasonable opportunity to act on it. I also acknowledge that I have read the policy from the Children's Learning Center Handbook in reference to the withdrawal policy.

* _____ If at any time during the school year you find it necessary to change the information on this debit form, your debit will be deactivated until the following school year when a new form is completed.

Withdrawal: Enrollment in our program is for the entire year. Should it become necessary to withdraw from the program a two-week notice is required. If no notice is given, you will be responsible for one-month additional tuition.

Print Parent/Guardian Name

Signature

Date

* Please initial