



## Recurring Payment Authorization Form

I, \_\_\_\_\_, hereby authorize Hidden Valley Preschool to debit the  
(full name)  
account listed below for monthly tuition in the amount of \$\_\_\_\_\_, to be paid on the 1st of each  
month. If the 1st of the month falls on a non-banking day, the payment will be made on the next  
banking day. The account listed below may also be used for credit entries if necessary and adjustments  
for any debit entry errors. It may also be used for additional payments upon my authorization.

Student Name: \_\_\_\_\_

Name(s) on Banking Account: \_\_\_\_\_

Type of Account:  Checking  Savings

Bank Name: \_\_\_\_\_

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

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

<p>For a checking account, please attach a voided check here.</p>
---

This authorization is to remain in full force and effect until Hidden Valley Preschool has received written notification from me (us) of its termination in such time and in such manner as to afford Hidden Valley Preschool and my banking institution a reasonable opportunity to act on it.

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