



School Year 2018-2019

Trinity Preschool
PO Box 2475
Ridgeland, MS 39158

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

Parent Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Financial Institution Name _____ City _____ State _____ Zip _____

Transit/ABA # _____ Account# _____

I hereby authorize the above named Financial Institution to pay my:

- | | |
|--|-----------------------------------|
| Monthly Tuition \$ _____ for 10 months | 1st day of the month |
| Supply/Book (4 & 5 yr olds) | July 3 |
| Registration Fee | upon receipt of registration form |
| Early Room/Lunch Bunch/Late room | last day of the month |

And any other monies owed by me to TRINITYBWK, LLC, by charging each payment to my account and to make that deductible payable to the order of TRINITYBWK, LLC starting August 1 and due on the first of each month with the last payment on May 1. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge within 30 days prior to charging my account. I understand, however, that both the Financial Institution and TRINITYBWK, LLC reserve the right to terminate this payment plan (or my participation therein.) I understand that a returned check fee of \$35 will be charged for any draft returned by the bank for any reason.

DATE _____ SIGNATURE _____

NOTE: A NEW BANKDRAFT AUTHORIZATION FORM AND VOIDED CHECK MUST BE SUBMITTED WHENEVER THERE IS AN ACCOUNT CHANGE.

A VOIDED CHECK MUST BE ATTACHED HERE WITH THE NAME AND ACCOUNT NUMBER OF THE PERSON WHO SIGNED ABOVE PRINTED ON IT.