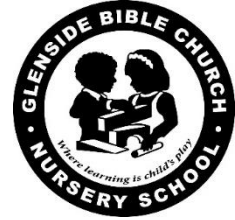


Please staple a voided check here.

Glenside Bible Church Nursery School  
447 N. Keswick Avenue  
Glenside, PA 19038  
215-887-2289  
glensidebiblechurch.org



## Authorization Agreement for Automatic Withdrawal of Funds

### Type of Authorization Form:

- New Authorization
- Change Banking Information
- Discontinue Electronic Payment

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address (include apt. # if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please debit my payment from:

- Checking Account (**attach a voided check**)
- Savings Account  
(Contact your financial institution for routing #)

Routing Number: \_\_\_\_\_  
(a valid routing number must start with 0, 1, 2, or 3)

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

123456789 123 123456 0001  
Routing #      Account #      Check #

Date to withdraw first payment\*:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\*One week's prior notice is required.

Amount: \$ \_\_\_\_\_

NOTE: Your payment will be automatically withdrawn on the first day of each month, the day that it is actually due. Auto-withdrawals will cease after May when the school year ends. If your child returns to the school the following year, a new authorization form will be required.

**Agreement:** I authorize Glenside Bible Church Nursery School to debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization or the current school year end.

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