

Bank Transfer Authorization Form

Option 1:

I authorize Jump Start Preschool to electronically debit my bank account according to the terms outlined below. I acknowledge that electronic debts against my account must comply with United States law.

Terms of billing:

Starting on _____ and on the first day of each month through
mm/yy

_____ for the amount of \$_____.
mm/yy

Customer bank account information:

Routing number

Account number

Account type:

Checking

Savings

Option 2:

Decline automatic withdrawal and agree to pay monthly tuition invoiced by Jump Start Preschool.



Customer signature

Customer printed name

Date

Phone number