



ALDERSGATE PRESCHOOL

1480 Jerusalem Road
Mechanicsburg, PA 17050
717-737-7923, ext. 103
preschooldirector@aldersgatechurch.net

AUTHORIZATION FOR DIRECT DEBIT PAYMENT (OPTIONAL)

Parents Names:

Child(ren)'s Names

Street

City, State, Zip

Email Address

DIRECT DEBIT INFORMATION

Financial Institution

Routing Number/Transit Number

(This is a nine digit number located on the far left bottom line of your check)

Bank Account Number

Please check the type of account:

- Checking Account Please attach a voided check
- Savings Account Please attach a deposit slip

I authorize Aldersgate Preschool, 1480 Jerusalem Road, Mechanicsburg, PA to process monthly direct debits from the bank account listed above. The monthly debit amount will be processed beginning on the 1st of _____ 20____, (or the first business day after the 1st) in the amount of \$_____. Monthly debits will end with the final payment of the preschool year, April 20____, unless requested in writing by either party prior to the end of preschool year. Insufficient funds will incur an additional \$20.00 processing fee.

Authorized Signature

Date