AUTHORIZATION FOR PRE-ARRANGED WITHDRAWALS
FROM BANK ACCOUNT (the "Authorization")

I, the undersigned, hereby authorize Paoli Methodist Nursery School ("PMNS") operating under Paoli United Methodist Church to initiate withdrawals from my account in the bank indicated below (the "Bank"), and I authorize the Bank to honor requests for such withdrawals initiated by PMNS and to debit the same to the account indicated below. The withdrawals initiated by PMNS are for the payment of PMNS tuition(s) as per the signed 2024/2025 Enrollment Agreement.

The authority is subject to the Terms and Conditions stated below. This Authorization shall remain in full force and effect through the end of the PMNS fiscal school year (June 30, 2025) or until PMNS receives written notification from me (or either of us) to terminate the transactions, no later than 30 days prior to the next scheduled transaction.

Bank Name:_____

Bank Address:_____

_____

*Please print the following numbers **clearly:***

ABA/Routing Transit #:_____ (always a 9 digit number)

Account Number:_____

*This is a _____checking / _____savings account
(please indicate whether checking or savings)

Name Account Listed Under:_____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

Name of Authorized Party _____ *(please print)*

Signature of Authorizing Party _____

Date _____

Note: If you have more than one child, your tuition payments will be combined and you will only be charged one $2 fee per withdrawal.