



**Authorization for Direct Payment Automatic Bill Payment
Pre-Kindergarten**

I (we) authorize Spring Branch ISD to initiate variable entries to my (our) account described below:

Checking Account No. _____ Savings Account No. _____

Routing Number _____

Financial Institution's Name _____

Financial Institution's Address _____

Attach a voided check below to confirm the account and routing numbers. This authority is to remain in full force and effect through June 30, 2021 to provide for payment of tuition per the terms of the Parent/District Agreement for Prekindergarten executed by me (us). This authority may be terminated prior to June 30, 2021 if Spring Branch ISD receives written notification from me (or either one of us) of its termination in such time and manner as to afford Spring Branch ISD a reasonable opportunity to act on it.

Signature _____ (Optional for Joint Account)

Full Name _____ Signature _____

Address _____ Full Name _____

City, State, Zip _____

Date _____ Date _____

SBISD Prekindergarten Student/s _____

FOR SBISD USE:

SBISD Representative _____ Campus _____