

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS  
(ACH WITHDRAWALS)  
FOUR-YEAR OLD PRESCHOOL 2023-2024**

Student's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
(Please Print)

School: \_\_\_\_\_

I (we) hereby authorize the Dieringer School District to initiate debit entries from my (our) \_\_\_\_\_ checking or \_\_\_\_\_ savings account (*select one*) indicated below. This debit will be for:  
\_\_\_\_\_ \$380.00 per month  
\_\_\_\_\_ \$ \_\_\_\_\_ Other

**(8 equal payments for September through April)**

*In addition, any NSF fees outstanding will be collected if applicable.*

This deduction will occur on the **5<sup>th</sup> calendar day of each month**, September, 2023 through April, 2024. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
*Parent/Guardian Signature* *Date*

**Required Information:**

Financial Institution: \_\_\_\_\_

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

This authorization is to remain in full force and effect until April 30, 2024 or until written notification of change or termination is received by the Dieringer School District.

**Please attach a VOIDED CHECK.**