

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH WITHDRAWALS)
FOUR-YEAR OLD PRESCHOOL 2024-2025**

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 **5th calendar day of each month**, September, 2024 through April, 2025. 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, 2025 or until written notification of change or termination is received by the Dieringer School District.

Please attach a VOIDED CHECK.