AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH WITHDRAWALS)
THREE-YEAR OLD PRESCHOOL 2026-2027

Student's Name: _____

Parent/Guardian Name: _____
(Please Print)

School: _____

I (we) herby 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:

___$375.00 per month
___$_____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, 2026 through April, 2027. 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*

<u>Required Information:</u>

Financial Institution: _____

Account Number: _____

This authorization is to remain in full force and effect until April 30, 2027 or until written notification of change or termination is received by the Dieringer School District.

Please attach a VOIDED CHECK.