Authorization Form

School/Organization Name: Mt. Calvary Pre-Kindergarten School

Effective Date of Authorization: _____ Name of Student: _____

Type of Authorization: ☐ New Authorization ☐ Change Donation Amount ☐ Change Donation Date ☐ Change Banking Information ☐ Discontinue Electronic Donation

Last Name:	First Name:
Address:	
City:	State:	Zip:
Email:	

Date of First Payment: _____ (mm/dd/yyyy) Date of Last Payment: _____ (mm/dd/yyyy)	First Payment Amount: $_____ Ongoing Payment Amount: $_____ Last Payment Amount: $_____

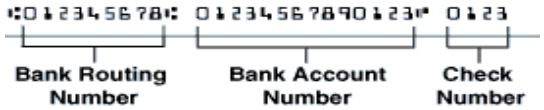
Payments from (Check one):

☐ Savings Account
(contact your financial institution for routing number)

☐ Checking Account
(attach a voided check below)

Routing Number: _____
(Valid Routing Number must start with 0, 1, 2, or 3)

Account Number: _____



I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____

Card Brand (check one): ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover Card

Card Number:	Expiration Date:
Name on Card:	
Billing Address:	

I authorize the above organization to process transactions in accordance with the information above.

Signature (as it appears on the card): _____ Date: _____

For Office Use Only

Student Number: _____ Date: _____