

**Augusta USD 402 ACH Bank Draft Authorization
PreK Program**

Complete all sections of this form and return with deposit by August 1st.

Section 1: Please Print

Name on Account: _____ Address: _____

Social Security # _____

Phone Number: _____ Driver's License #: _____

Student Name: _____ School Name: _____

Financial Institution Information
(Please attach a voided or photocopied check)

Section 2:

Financial Institution Name: _____ Telephone # _____

Financial Institution Address: _____
City State Zip

Routing Number: _____ (must be 9 digits)

Account type: ___ Checking ___ Saving (please check one)

Account Number: _____

Section 3

Payments will begin August 1st and will be drafted on the 1st of each month with the final payment on April 1st **except if student enrolled after January 1, 2020. For students who enrolled after January 1, 2020 there will be a payment of \$350 deducted on May 1st.** Payments will be drafted on the next business day when the 1st falls on a weekend or holiday.

I hereby authorize Augusta USD 402 (hereinafter the District) to debit my account for the amount of monthly tuition fees due by initiating debit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to withdrawal and to debit any debit entries indicated by the District to my account and remit to the District. The authorization is to remain in full force and effect until final payment is received by the District. I acknowledge that written notice must be provided to the District of any changes in financial institution in such manner as to afford the District and Bank reasonable opportunity to act on it. Any returned ACH debit will be considered non-payment of tuition due to the District.

Signature: _____ Date: _____

District Office Use Only		
Information Processed: ___Accounts Receivable	Date Entered _____	Initials: _____