

**Our Lady of the Presentation Early Childhood Center**  
100 SW Murray Rd.  
Lee's Summit MO, 64081  
(816)251-1140 Fax (816)251-1132

**Automatic Payment Withdraw Authorization**

I hereby authorize Our Lady of the Presentation Church, to make the appropriate deductions from my checking account indicated below for the specified amount on the agreed upon dates. (Please attach a voided check)

Institution Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Deduction Amount \_\_\_\_\_

Circle Deduction Schedule: Monday      1st      15<sup>th</sup> (if paying in advance)

Date to start withdrawal \_\_\_\_\_

All tuition must be paid in advance. If you have chosen the monthly option then your automatic withdraw must be taken on the 1<sup>st</sup>. If you would like it taken on the 15<sup>th</sup> your payment must be for the next month. If you need to change your date or stop your automatic withdrawal please notify us in writing at least one week in advance.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_