

# Authorization Agreement for Pre-arranged Payments (Debits)

This is my authorization for **Davidson United Methodist Church Preschool, Tax ID #56-1121470**

to automatically debit my \_\_\_\_\_  
(Bank routing transit/ABA Number ) Account Number

\_\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_  
(Financial Institution) (City) (State)

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment within 3 business days of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if, within 60 days following the date on which I was sent a statement of account, I give my financial institution a written notice identifying the entry, stating that it is in error and requesting credit back to my account.

**Please attach a voided check (for checking accounts)**

**THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE.  
You must sign and date this form to authorize your automatic draft request.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Frequency of draft – Monthly on: 1<sup>st</sup> of each month September – April 2025**

\_\_\_\_\_ Monthly tuition in the amount of \$\_\_\_\_\_.

Start date: \_\_\_\_\_



Davidson United Methodist Church Preschool  
PO Box 718  
Davidson, North Carolina 28036  
704-896-0082