



Direct Debit Approval

If you would like your child's tuition to be automatically debited from your bank each month, please fill out the attached form, (Please print clearly so there are no discrepancies with account or routing numbers).

Please choose which payment(s) you would like to have automatically withdrawn from your account. Please write in the amount to be debited on the appropriate lines. Your initials in each box indicate you have verified and approve the amount and date of the transaction.

\$50.00 registration fee on _____ (date of registration)

1st month tuition of \$ _____ on August 1, 2022

Automatic monthly tuition payments of \$ _____ beginning October 3, 2022 and recurring on the 1st Monday of each Month ending with the final tuition payment on May 1, 2023

If you have any questions, please contact Michelle Clark at:
mclark@xpointumc.org ~ 717-545-1911





Child's Name: _____

Class: _____

Direct Tuition Payment Authorization

Personal Information:

Name _____

Address _____

City _____ State _____ Zip _____ Telephone Number _____

Financial Information:

Financial Institution Name _____ Telephone Number _____

Address _____

City _____ State _____ Zip _____ Checking OR Savings
(Please circle one)

Financial Institution Routing Number

Please print clearly

Routing Number: _____

Account Number: _____

Authorization:

Monthly Debit Amount	Date of Transaction	Initials
	1 st Monday of each month.	

Please complete backside for permission/authorization for debits



Child's Name: _____

Class: _____

I authorize and request CrossPoint Church, 430 Colonial Road, Harrisburg, PA 17109 to process debit entries to my account as specified. I have attached a voided check or certification from my financial institute to acknowledge the account I wish for the debits to occur in. This authority will remain in effect until the final payment for the 2022-2023 school year, which will be deducted on May 1st, 2023. I will notify CrossPoint Preschool, in writing to change or terminate this authorization. I understand I must give at least 7 (seven) days' notice for this change to occur. If questions or concerns should arise, please contact Michelle Clark at (717) 545-1911 or via email at mclark@xpointumc.org

Authorized signature on account

Authorized signature on account
(joint account owner signature required)

Please sign and return this form to your child's teacher.

FOR OFFICE USE ONLY	Date Rcvd	Date Processed	Effective Date	Office Rep

