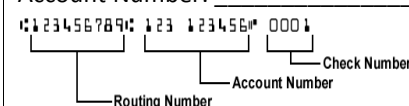


**Tuition Automatic Withdrawal
Authorization Form**

St. Mark's Montessori School

St. Mark's Episcopal Church
431 Richmond Pl NE
Albuquerque, NM 87106

FOR OFFICE USE ONLY	STUDENT:	DATE:
Effective date of authorization: ____/____/____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change withdrawal amount <input type="checkbox"/> Change withdrawal date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic withdrawal		
Last Name		First Name
Address		
City		State Zip
Email Address		
Tuition: Date of <u>first</u> withdrawal: Date of <u>last</u> withdrawal: ____/____/____ ____/____/____ Frequency of withdrawal: (please check one) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th Amount of <u>recurring</u> withdrawal: \$ _____		Fees: Date of withdrawal: ONE-TIME withdrawal ____/____/____ Registration \$ _____ Fundraising \$ _____ Pizza \$ _____ Total \$ _____
CHECKING / SAVINGS	Please debit my withdrawal from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # 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 the date of last withdrawal, or earlier if I provide reasonable notification to terminate the authorization. Authorized Signature: _____ Date: _____	

If using a checking account, please attach a voided check at the bottom of this page.