

AUTHORIZATION FORM

FOR OFFICE USE ONLY

DATE:

Child Development and Learning Center 13801 Fairview Drive, Burnsville, MN 55337 952-435-8105

Effective Date of Authorization: ____/____/____

Name of Student: _____

Type of Authorization Form: New Authorization Change Banking Information
 Change Payment amount Discontinue Electronic Payment
 Change Payment date

Last Name

First Name

Address

City

State

Zip Code

TUITION PAYMENT PLAN (Please Check One):

9 Month Plan (Aug. through Apr.) 3 Month Plan (Aug, Nov, Feb)

VOLUNTARY DONATIONS

\$_____ One-Time Donation

\$_____ Monthly Donation

Karen Dwyer Scholarship Fund CDLC General Operations

Date of First Payment:

____/____/____

Date of Monthly Payment:

Monthly on the 15th

Amount of First Payment:

\$_____

Amount of Last Payment (Optional):

\$_____

CHECKING/SAVINGS

Please Debit Payment from My (Check One):

Savings Account (Contact Your Financial Institution for Routing #)

Checking Account (Staple a Voided Check Below)

Routing Number: _____

Valid Routing # Must Start With 0, 1, 2, or 3

Account Number: _____

I authorize the above school and Vanco Services, LLC to process debit entrie to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____

CREDIT CARD

Please Charge My Payments to My (Check One): Visa MasterCard American Express Discover

Credit Card Number:

Expiration Date:

Name on Credit Card:

Billing Address (If Different From Above):

I Voluntarily Add 3% to Offset Fees

I authorize the above school and Vanco Services, LLC to charge my credit card in accordance with the information above.

Signature (As it Appears on the Credit Card): _____ Date: _____

Please Attach Voided Check Over Credit Card Section Above if Using Checking Account.