

St. Michael Preschool
Automatic Tuition Payment Authorization

Student Name: _____

Parent Name: _____

Phone: _____

I authorize St. Michael the Archangel Catholic Church, 804 High House Road, Cary, NC, 27513 to initiate monthly tuition payments from:

Bank Name _____

Bank Routing & Account Number _____

Please attach a voided check to this form.

I understand that my account will be debited on the 5th of each month June 5th through April 5th (excluding the month of July) for a total of ten payments. Monthly payment amount is indicated below:

Withdraw \$ _____ on the 5th of the month.

Yearly tuition amount: _____

Authorization will remain in effect until I notify St. Michael Preschool in writing to cancel at least one week prior to the next withdrawal date.

Signature: _____

Date: _____