



Debit Authorization 2010

I (we) hereby authorize the Boulder Jewish Community Center to initiate a debit charge to my (our) checking/savings account at the financial institution indicated below, and initiate adjustments (if necessary) for any transactions credited/debited in error. This authority will remain in effect until the Boulder Jewish Community Center is notified by me (us) in writing to cancel it in such time as to afford the Boulder Jewish Community Center and Financial Institution a reasonable opportunity to act on it.

Name of Financial Institution _____ Location (City and State) _____

Financial Institution's Routing/Transit Number (9 digits): _____

Type of Account (check one):

Checking Account Number: _____

Savings Account Number: _____

Customer Signature _____ Month and Day _____, 200__ Year _____

Customer Name (Please Print) _____ Telephone Number (Please Include Area Code) _____

Parent's Name _____

Student's Name (s) _____

Please choose a payment plan (as per your registration forms) *Billing dates may vary slightly*

- Monthly Payments - Deducted the 3rd of each month
- Semester Payments - Deducted 08/03/10 and 12/03/10
- Yearly Payment - Deducted 8/03/10

Would you like to authorize any/all additional preschool charges, such as Enrichment, Drop-In, and Field Trips? *These will be debited on the 3rd of each month*

Do you require receipts for each transaction authorized? _____ If so, these will be left in your child's cubby shortly after they are run or e-mailed to you.

AUTHORIZED SIGNATURE:

Please attach a copy of a canceled check or deposit slip with correct Routing/Transit and Account Number. There are no valid routing/transit numbers beginning with any number higher than three.

Please either deliver this form to the Preschool office or you can mail it to the attention of: Laurel at the Boulder JCC 3800 Kalmia Ave., Boulder, CO 80301

A \$15 administrative fee will be assessed from your refund should you withdraw from the class after the second day of the session and a \$20 fee will be assessed on all returned checks.

OFFICE USE ONLY

Date received _____ Received by _____ Payment received _____ Computer _____