



First Presbyterian Day School
ACH Payment Agreement Form
Monthly Automatic Withdrawal Authorization

Thank you for enrolling in the ACH monthly payment plan for First Presbyterian Day School. Please fill out this form completely and legibly. Your payment will be withdrawn on the 5th of each month or the Monday after if the 5th falls on a weekend. Proof of payment will appear on your bank statement. All information is kept confidential.

RESPONSIBLE PARTY

Parent/Guardian Name(s): _____

Address, City, State, Zip: _____

Phone: _____ Email: _____

Student(s) Name: _____

BANK INFORMATION

Choose one: Checking Savings

Name(s) on checking/savings account to be used, if different from above: _____

Bank Name: _____

Routing Number: _____ Account Number: _____

Parent/Guardian Signature: _____