

THE LENEXA UNITED METHODIST CHURCH PRESCHOOL

Tuition Payment

Please attach a voided check & return with this form.

This authorization is only valid for the current school year (October 2025 - May, 2026).

**Authorization Agreement
for Direct Payment (Automated Clearing House Debit)**

Authorization Agreement

I (we) hereby authorize **THE LENEXA UNITED METHODIST CHURCH, INC** to initiate DEBIT entries to my (our) checking or savings account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to DEBIT the same to such account. I (we) acknowledge that the organization of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Account Information

Name(s): _____

Name of Financial Institution: _____

City, State, Zip: _____

Routing Number: _____

Account Number: _____

Checking
☐

Savings
☐

Payment Information

Start Date: 10-01-2025 End Date: May 31, 2026 (Unless child disenrolls prior to this date)

Frequency of Payment: **1st of each month**

Amount: \$ _____

Signature

This authorization is to remain in full force and effect until **THE LENEXA UNITED METHODIST CHURCH, INC** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **THE LENEXA UNITED METHODIST CHURCH, INC** and DEPOSITORY a reasonable opportunity to act on it.

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

*** Please note: All authorization forms are due in the preschool office by the 20th day of the month to ensure that the account can be activated prior to the first of the following month.**