

**AUTHORIZATION FORM  
DIRECT DEBIT OF ACCOUNT  
FULL DAY KINDERGARTEN**

Name: \_\_\_\_\_ SSN# \_\_\_\_\_  
          Last                      First                      Middle

Home Phone \_\_\_\_\_

Check Applicable Election:

\_\_\_\_\_ New participant. Complete and sign this form. Attach a voided check for each account or a deposit slip if account does not use a check.

\_\_\_\_\_ Change of accounts and/or financial institution. Complete and sign this form. **Attach a voided check for new checking account or deposit slip for new savings account.**

\_\_\_\_\_ Cancel participation. Sign form.

Select Primary Account:

Checking Account # \_\_\_\_\_ Savings Account# \_\_\_\_\_

Routing #: \_\_\_\_\_

Dollar amount to be debited per payment period:     \$ \_\_\_\_\_ 380.00 \_\_\_\_\_

Payment Period:             20<sup>th</sup> of each month, September through May

Financial Institution \_\_\_\_\_

City and State \_\_\_\_\_

**AUTHORIZATION STATEMENT:**

I hereby authorized Parkway School District and the financial institution above to debit my Account electronically each payment period. This authority will remain in effect until I have signed a new Authorization, or upon cancellation of participation. I (we) agree to fully comply with all aspect of U.S. law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

In order to properly cancel this authorization, you must notify us in writing at:  
Parkway School District  
Finance Department  
455 No. Woods Mill Road  
Chesterfield, MO 63017

YOU ARE ENTITLED TO RECEIVE A COPY OF THIS COMPLETED AUTHORIZATION