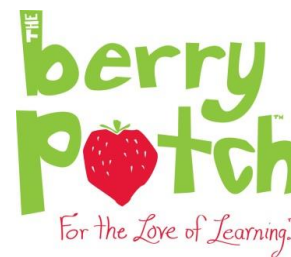


# Automatic Withdrawal Form

(For families **NEW** to automatic withdrawal or current families wanting to make an account change)



- New Authorization
- Change Financial Institution Information **(Please attach a voided check)**
- Name/Address Change
- Discontinue Automatic Withdrawal of Funds

Name (Please Print): \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Child Attends:  Calvary  Colonial  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Dollar amount for withdrawal will exactly match your current month's invoice (tuition and extras if applicable).**

Dollar Amount of Withdrawal: \_\_\_\_\_ Exactly match amount on current month's invoice  
Frequency: \_\_\_\_\_ On the 10<sup>th</sup> of each month

Please debit my monthly invoice payment from (check one):  
 Checking Account **(attach voided check)**  
 Savings Account **(attach deposit slip)**

Bank Routing Number: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_

I authorize The Berry Patch to process debit entries from my checking or savings account indicated above. I understand that this authorization will remain in effect until a cancellation request is submitted in writing, or my child withdraws from the program. If I wish to cancel my authorization or make any changes to the above information, I will submit a new form to The Berry Patch. I have attached a voided check.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_