

# Harvest Daycare & Preschool

## ACH Payment Authorization Form

**\*Please attach a Voided Check for verification.**

I authorize Harvest to initiate a debit entry against my checking account in payment of my child's tuition and other related fees for the Harvest Daycare & Preschool and/or the Harvest Afterschool. This authorization will remain in effect until I notify in writing when my child is withdrawn from the daycare.

**\*Please check the appropriate box:**

Weekly Draft ☐

Monthly Draft ☐

Change Account ☐

Account Holders Name: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Financial Institution City/State: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

I \_\_\_\_\_ understand the only discount offered is for payment by Monthly Draft.  
(Print Your Name)

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please keep a copy of this authorization form for your records.**

**For billing questions, please email [accounting@the-harvest.org](mailto:accounting@the-harvest.org)**