



AUTHORIZATION FORM

FOR OFFICE USE ONLY	DATE
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Child Development and Learning Center		13801 Fairview Dr. Burnsville, MN 55337	
		952-435-8105	
Effective Date of Authorization: ____/____/____		Name of Student: _____	
Type of Authorization From:			
<input type="checkbox"/> New Authorization		<input type="checkbox"/> Change Banking Information	
<input type="checkbox"/> Change Payment Amount		<input type="checkbox"/> Discontinue Electronic Payment	
Last Name		First Name	
Address			
City		State	Zip

TUITION PAYMENT PLAN		
<input type="checkbox"/> 9 Month Plan (August through April)		
VOLUNTARY DONATIONS		
\$ _____ One-Time Donation	<input type="checkbox"/> Karen Dwyer Scholarship Fund Established in honor of a former CDLC staff member who died of cancer, your tax-deductible donation provides scholarships for children who otherwise may not be able to attend preschool.	
\$ _____ Monthly Donation	<input type="checkbox"/> CDLC General Operations Your tax-deductible donation will help CDLC to continue to provide quality preschool programming at an affordable price. This fund is used to provide the extras that make our program special (i.e. special supplies, snacks, equipment or scholarships).	
Date of First Payment: ____/____/____	Date of Monthly Payment: 1 st of each month	Amount of First Payment: \$ _____ Amount of Last Payment: \$ _____ <i>optional</i>

CHECKING/SAVINGS	Please Debit Payment From My: <i>check one</i>	
	<input type="checkbox"/> Savings Account <i>contact your financial institution for routing #</i>	Routing Number: _____ <i>valid routing # must start with 0, 1, 2, or 3</i>
	<input type="checkbox"/> Checking Account <i>attach voided check to this form</i>	Account Number: _____
I authorize the above school and Vanco Services, LLC to process debit entry to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.		
Authorized Signature: _____ Date: _____		