



Automatic Withdrawal Form

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

Name (Please Print): _____

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 current month's invoice
Frequency: On the 10th 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 below.

Signature: _____ Date: _____