



3519 Easter Stanley Court ~ Tallahassee, Florida 32308
P: (850) 921-KIDS(5437) ~ F: (850) 921-4734

DIRECT TUITION PAYMENT AUTHORIZATION/CANCELATION

Customer Name: _____

Student's Name: _____

Financial Institution Name: _____

Checking Bank Routine Number: _____ Account Number: _____

Savings Bank Routine Number: _____ Account Number: _____

Withdrawal Schedule

- Monthly** – payments will be deducted automatically the last Friday of the month prior to services being provided.
- Semi-Monthly** – payments will be deducted automatically the first & third Friday of the month prior to services being provided.
- Weekly** – payments will be deducted automatically every Friday for the following week of service.

Amount to be withdrawn based on the schedule selected above: \$ _____

I authorize The Dick Howser Center for Childhood Services and the financial institution named to credit my account(s) for direct payment of tuition and, if necessary, to initiate debits or adjustments for credits made in error. I agree that The Dick Howser Center for Childhood Services will not be responsible for any overdraft on my account under any circumstances, nor will The Dick Howser Center for Childhood Services provide reimbursements for associated fees. This authority will remain in effect until I have cancelled it in writing to The Dick Howser Center for Childhood Services.

Customer Signature: _____ Date: _____

CANCELATION

(Only if canceling Direct Payment)

I authorize The Dick Howser Center for Childhood Services to cancel my Direct Payment with my current financial institution. I agree that The Dick Howser Center for Childhood Services will not be responsible for any overdraft on my account under any circumstances, nor will The Dick Howser Center for Childhood Services provide reimbursement for associated fees.

Customer Signature: _____ Date: _____

Please attach a voided check here (for checking accounts)