Discovery School of San Antonio, Inc.
222 Salem Dr.
San Antonio, TX 78201

Phone: 210.344.3472
Tax ID: 23-7425720

PRE-AUTHORIZED PAYMENTS for 2019-2020 SCHOOL YEAR

[ ] New Sign-up [ ] Update Existing Information

PLEASE SUBMIT A VOIDED CHECK WITH THIS FORM*

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED TUITION PAYMENTS

I (we) hereby authorize Discovery School of San Antonio, Inc. to initiate the debit entries indicated below and the Bank named below, hereinafter called DEPOSITORY, to debit the same to such account. Tuition, extended day, early or late care or any related debits will occur on the 10th of each month. If the10th falls on a weekend or bank holiday, debits will occur on the next business day.

Dishonored Payment - If your DEPOSITORY refuses any automatic deduction, a fee of $25.00 will be assessed by Discovery School. If Discovery School is unable to deduct sufficient funds from your account, Discovery School will request a replacement payment by check, cash or money order. Additional fees may be imposed by your DEPOSITORY.

DEPOSITORY/ BANK NAME:	**CITY/ STATE/ ZIP:**
TRANSIT / ABA NUMBER *(9-digit Bank number located on the bottom of your check):*	**ACCOUNT NUMBER:** [ ] Checking [ ] Savings
STUDENT NAME(S) / CLASS(ES):	**I AUTHORIZE THE FOLLOWING WITHDRAWAL(S) :** [ ] **ANNUAL SUPPLY FEE:** *(equal to one month's tuition and due by June 10th)* [ ] **MONTHLY BALANCE DUE:** *(Tuition, Extended Day, Cultural Arts, Early/Late Care, and any other charges including Annual Registration and Activity Fees)* [ ] **OUR SUNSHINE FUND DONATION:** $ _____ [ ] Every month* [ ] One-time payment in October [ ] **OUR GROW WITH US DONATION:** $ _____ [ ] Every month* [ ] One-time payment in _____ ***Funds will be withdrawn over 8 months - September – April**

This authority is to remain in full force and effect until Discovery School has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Discovery School and your DEPOSITORY a reasonable opportunity to act upon it.

AUTHORIZED SIGNER NAME(s): *(please print)*	AUTHORIZED SIGNER SIGNATURE(s): DATE:

Revised 7/26/2019