

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

Phone: 210.344.3472

Tax ID: 23-7425720

PRE-AUTHORIZED PAYMENTS for 2026-2027 SCHOOL YEAR

☐ New Sign-up**

☐ Update to Existing Information

****PLEASE SUBMIT A VOIDED CHECK WITH THIS FORM****

ACH AUTHORIZATION AGREEMENT

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 15th of each month. If the 15th 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(S) NAME(S) / CLASS(ES):

I AUTHORIZE THE FOLLOWING WITHDRAWAL(S) :

☐ **ANNUAL REGISTRATION FEE:** (due at Registration)

☐ **ANNUAL ENROLLMENT FEE:** (equal to one month's tuition and due by July 15th)

☐ **ANNUAL ACTIVITY FEE:** (due by August 15th)

☐ **MONTHLY BALANCE DUE:**
(Tuition, Extended Day, Cultural Arts, Early/Late Care, and any other charges)

☐ **SUNSHINE FUND DONATION:** \$ _____
☐ One-time payment in October

☐ Every month*

***Funds will be withdrawn over 8 months - September – April**

☐ **CHARITABLE CASH DONATION:** \$ _____
☐ Every month

☐ One-time payment on date _____

This authority is to remain in full force and effect until Discovery School has received written notification from either authorized person 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(s) NAME(s): (please print)

1.

2.

AUTHORIZED SIGNER(s) SIGNATURE(s):

1.

2.

DATE:

Revised 1/24/2026