

First Presbyterian Church Preschool

Automatic Payment Authorization

February 2026 through June 2027

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Circle one: Checking Savings

Financial Institution: _____

Account Number: _____

ABA/Routing Number: _____

I authorize First Presbyterian Church (16 Leon Sullivan Way Charleston, WV) to debit/credit payments from the account listed above. This includes my authorization to correct entries made in error. The authorization is for the following services in which I have enrolled my student and that are provided by First Presbyterian Church Preschool including: Registration Fees, Tuition, Extended Day Drop-In fees, and/or Summer Camps.

Payments are to be withdrawn on the following date each month: (circle one)

5th

17th

20th

This authorization is effective during the dates February 1, 2026 through June 30, 2027, OR until I give written notice to cancel the authorization.

Customer Signature: _____ Date: _____