



**Automatic Tuition Debit and/or Credit
Authorization Agreement
with Canandaigua National Bank**
Online Banking for Business
ACH Account

Please Print:

Child's Name _____

Your Name _____

Your Phone Number _____

Your Address _____

Name of Your Bank _____

Account Number _____ Check One: Checking Savings

Name(s) on Account _____

Bank Routing Number _____

Note: Be sure to attach a voided check from your checking account or a deposit slip from your savings account to confirm the bank routing number.

Amount to be Withdrawn \$ _____

Frequency of Withdrawal Weekly: Every Monday Bi-weekly: Every other Monday

Please check one:

Monthly: 15th of each month Monthly: 30th of each month

I authorize Wings Christian Preschool to credit (to correct possible transaction errors) and/or debit (withdraw for payment) my account according to the information above from:

School Year 20 ____ - 20 ____ or _____ Date - _____ Date

Sign your name as it is listed on your account. If you have a joint account, both individuals must sign this form.

Signature _____ **Date** _____

Signature _____ **Date** _____

Wings Christian Preschool
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