

Child's Name:			
Please Complete a	separate form for each child.		
Monthly Tuition:	2-days a week is \$185	1-day a week is \$115	
Tuition payments ar	e processed on the 1st of each	CH bank draft. Checks are not accep ch month. Please be advised of the fee 2.9% + \$0.30; ACH is 1% + \$0.25.	
	\$185 per month: Debit/Credi \$115 per month: Debit/Credi		
Please complete the	e authorization agreement		
I, Church to charge m the month to pay fo	, author ny debit/credit card nr my child's MDO tuition.	rize Mother's Day Out at Southwinds Ba (or) ACH bank draft on the 1st	aptist : day of
Parent Signature: _			_
Billing Name:		Cell# :	_
Billing Address:			_
Email:			_
Credit/Debit Card: Name on card:			
			1001
	CVC:		DATE
ACH Bank Draft: Name on Account:		PAY TIG THIS CONSIDER OF	S NALARS
		Ministry	
Routing Number: _			
You may include a v	oided check if you choose	Routing Number Account Number No.	

Returned ACH bank drafts will incur a \$30 fee