

## This form must be completed for your child to be registered and your child's spot reserved.

Name	of Child:	(Last)	(First)	(M.I)
		(You must complete separa	<b>ite</b> form for <u>each</u> <u>child</u> enrolled in the Gan program.	.) Please print clearly.
_	MENT OPTI select one)	ONS:		
Optio	n 1: Pay in 1	Full		
		ying my child's tuition in full before the start of the school year. You will be notified in our total payment due before the 1 <sup>st</sup> day of school.		
Optio	n 2: Automa	atic Withdrawal Monthl	l <b>y</b>	
Accou	I will be using the automatic withdrawal option. I have attached a copy of a blank check that supplies my bank routing number and account information. If using a savings account, please supply the bank routing number: and account number: This form grants authorization to Adath Jeshurun Congregation to debit my account on a monthly basis for the charges incurred during that month of service. I understand that my account will be debited on the 1 <sup>st</sup> day of each month.  unt Holder's Name (please print clearly):			
		count Holder's Signature:		
	710	Date:		
		Card Monthly unable to accept American Exp	ress or Discover, and that a 2.5 % processing fee wi	ll be applied to all credit card transaction:
	Jeshurun Co	ike to charge my child's tuition on a monthly basis. This form grants authorization to Adath Congregation to debit my account on a monthly basis for the charges incurred during that monthe. I understand that my account will be debited on the 1 <sup>st</sup> day of each month.		
Accou	nt Holder's N	Name (please print clearly):		
		Account Number:		
		Expiration Date:		
		Authorization Code:		
	Acco	unt Holder's Signature:		
		Date:		
Parent	's Signature:		Date:	

Please note: This Payment Authorization will remain in effect for the entire time your child is attending Gan Shelanu School. It is your responsibility to notify us of any account changes.

(If you need additional assistance with your payment options, please call Rafina Larsen, at 952.215.3902.)