

AUTHORIZATION FORM

Jonata/Oak Valley PTSA Enrichment Program

ES13446

FOR OFFICE USE ONLY	STUDENT #:	DATE:
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Effective date of authorization: ____/____/____		Name of Student: _____	
Type of Authorization Form:			
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information		
<input type="checkbox"/> Change payment amount	<input type="checkbox"/> Discontinue electronic payment		
<input type="checkbox"/> Change payment date			

Last Name (on Account)	First Name
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Address

City	State	Zip	Phone #
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Date of first payment: ____/____/____	Date of monthly payment: <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	Amount of first payment: \$ _____
Date of last payment (optional): ____/____/____		Amount of ongoing payment: \$ _____
		Amount of last payment (optional): \$ _____

CHECKING / SAVINGS	Please debit payment from my (check one):	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>
	<input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Account Number: _____
There will be a \$6 fee automatically charged to my account for transactions returned due to insufficient funds (NSF).		

CHECKING / SAVINGS	I authorize the above school and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.
	Authorized Signature: _____ Date: _____

CREDIT CARD	Please charge my payments to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Credit Card Number: _____	Expiration Date: _____
	Name on Card: _____	
	Billing Address (if different from above): _____	
	I authorize the above school and Vanco Services, LLC to charge my credit card in accordance with the information above.	
Signature (as it appears on the credit card): _____ Date: _____		

Please staple voided check over credit card section above if using checking account.

For your privacy, please return this form to the school office in a sealed envelope or mail it to:

**Jonata/Oak Valley PTSA Enrichment Program
595 Second Street
Buellton, CA 93427**

Questions can be directed to PTSA Treasurer