



**AUTHORIZATION FOR PREAUTHORIZED PAYMENT FOR 2012-13  
TUITION BASED KINDERGARTEN PROGRAM – FULL PAY**

Student's Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_  
(Parent or Guardian Name)

Parent Name: \_\_\_\_\_  
(Parent or Guardian Name)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

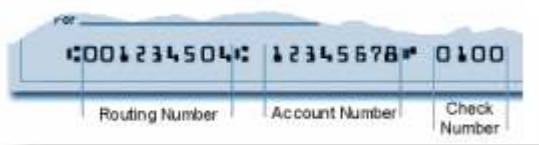
Home Phone #: \_\_\_\_\_ Cell/work phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Option 1 – Checking/Savings Account**

I (we) hereby authorize ISD #200, Hastings Public Schools, hereinafter called COMPANY, to initiate debit entries to my (our)  Checking  Savings Account (select one) indicated below and the bank named below, hereinafter called DEPOSITORY, to debit the same to such account.

BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
ROUTING # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_



The amount of **\$170.00** will be deducted from this account each month on the 15<sup>th</sup> of the month starting August 15, 2012 and ending with the last payment on May 15, 2013, unless further payment is needed. *In months where the 15<sup>th</sup> falls on a Saturday or Sunday, the amount will be drawn on the following business day.*

This authority is to remain in full force and effect until ISD #200 Hastings Public Schools has received written notification from me (or either of us) of its termination in such time and in such manner as to afford ISD #200 Hastings Public Schools a reasonable opportunity to act on it.

**Please attach a voided check if a checking account is selected.**

**Option 2 – Credit Card Payment**

I (we) hereby authorize ISD #200, Hastings Public Schools, to bill my VISA/MasterCard account for payment for Tuition for the All Day Every Day Kindergarten Option, beginning August 15, 2012 through May 15, 2013, in the amount of **\$170.00** per month. *In months where the 15<sup>th</sup> falls on a Saturday or Sunday, the amount will be drawn on the following business day.*

Name on Credit Card: \_\_\_\_\_

Billing address if different from address listed above: \_\_\_\_\_

VISA /Master Card (circle one) Number: \_\_\_\_\_ Credit Card Expiration Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**Please mail this back to:  
ISD 200 – District Office  
1000 West 11<sup>th</sup> St  
Hastings, MN 55033**

**FOR ISD #200 – HASTINGS PUBLIC SCHOOLS USE ONLY**

Date Received \_\_\_\_\_

Customer ID \_\_\_\_\_