Holy Comforter Episcopal Preschool & Kindergarten

543 Beulah Road, NE Vienna, Virginia 22180
(703) 938-3704
hcepoffice@holycomforter.com

Request for Automatic Debit For Tuition Payment

Student Name: _____

Name on Account: _____

Account Number (ADH): _____

Bank Routing Number (ABA): _____

Amount of Payment (tuition): _____

Debits will be made monthly to the above listed account on the business day closest to the 5th of the month September through April.

Participating for the first time?
Please attach a voided check for verification.
Your first debit will begin in October.

* *Please check which applies to your family:*

_____I participated in Automatic Debit last year and my account information HAS NOT changed (do not need to attach a voided check.

_____I participated in Automatic Debit last year and my account information has changed (will need to attach a voided check)

_____I agree to begin Automatic Debit_____ (October for new & kindergarten families).
Month Year

Signature **Date**

Please attach a voided check for accounting files.

03/25