2016-17 Seattle Preschool Program
Automatic Clearing House (ACH) Form
Customer Authorization Form

Instructions: The ACH Form is available for use beginning 9/10/16. Please allow 10 business days to process. Customers should complete Sections 1 and 3. City staff will complete Section 2. Send signed form to DEEL Finance by email (SPPBilling@seattle.gov) or regular mail (see address below).

DEEL Finance
P.O. Box 94665
Seattle, WA 98124-6965

New ACH ☐ **Cancel ACH** ☐

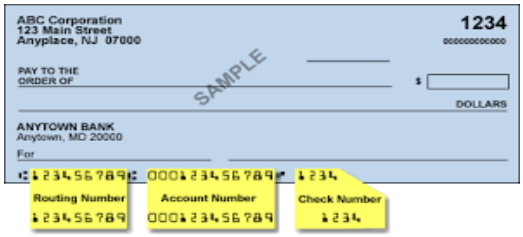
1. Customer Information

Student's Full Name: _____ **Date:** _____

Account Holder Name: _____ **Email:** _____

Bank Name: _____

Routing No: ___ ___ ___ ___ ___ ___ ___ ___ ___ **Checking Account No:** _____



2. ACH Payment Schedule (to be completed by City staff)

First Payment Date: _____
Number of payments: _____
Monthly amount: $_____
Total ACH Amount*: $_____

* The ACH Amount is NOT the same as annual tuition because prior payments are not included in the ACH total.

3. ACH Payment Agreement

I hereby authorize the City of Seattle to debit my checking account per the payment schedule above.

_____	_____	_____
Account Holder Name (please print)	**Account Holder Signature**	**Date**

Internal Use Only

Submitted by DEEL: _____ Date: _____

Processed by Treasury: _____ Date: _____

Revised 04-25-2016