



Whitman-Hanson Regional School District

Full Day Kindergarten Tuition Payment Authorization Form

PLEASE NOTE THAT ALL MONTHLY INSTALLMENTS WILL BE WITHDRAWN FROM YOUR ACCOUNT ON
THE FIRST BUSINESS DAY OF EVERY MONTH

Credit/Debit Card Information (WE DO NOT ACCEPT Discover Cards or Amex)

Card Number: _____

Name on Card: _____

Expiration Date: _____ / _____

Zip Code: _____

CVV Code: _____

I authorize the Whitman-Hanson Regional School District to automatically withdraw two equal payments of \$1,475.00 from the above account on August 2, 2021 and on February 1, 2022, for the Full Day Kindergarten Program.

I authorize the Whitman-Hanson Regional School District to automatically withdraw 10 monthly installments of \$295.00 from the above account on the first business day of the month beginning in August 2021 and ending in May 2022, for the Full Day Kindergarten Program.

Signature

Print Name

Date _____