Shalom Yeladim Fair Lawn
19-10 Morlot Ave, Fair Lawn, NJ
e-mail: ShalomYeladimBilling@gmail.com
e-mail: FL@ShalomYeladim.com

BANK TRANSFER AUTHORIZATION FORM

I, _____ parent /guardian of _____ authorize Shalom Yeladim Fair Lawn, Inc to electronically debit my bank account according to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States Law.

Customer Bank Account Information:

- Account holder name (as on your check)_____
- Routing number _____
- Account number_____
- Phone number associated with bank account_____
- Account type: ☐ Checking ☐ Savings ☐ Business
- Void check attached ☐

Term of Billing:

This payment authorization is starting on _____ and accordingly thereafter per the terms in invoice(s).

All payments for tuition are due on the 15th of the previous month.
Shalom Yeladim Fair Lawn requires 90 (ninety) days notice to cancel the contract and the payment required for the 90 (ninety) day period.

_____ _____ _____
Customer signature | Customer printed name | Date