



**Pre-Paid Flat Rate Unlimited Extended Care Registration Form
and
Monthly Automatic Payment Authorization**

Please return to the front office if you wish to enroll in the Unlimited Extended Care Option

Student(s) Name: _____

I authorize Aurora School, Inc. to initiate debit entries to my checking or savings account for unlimited extended care. This authorization will remain in effect every month that I am enrolled in unlimited extended care.

I understand that Aurora usually processes these transactions on the twentieth of the month, but reserves the right to use another date.

_____ My bank information is already on file and is up to date. (Please skip to Signature and Date below)

OR

_____ I am providing all of the following information or I have attached a voided check or deposit slip.

Name of Account Holder: _____
(Please print)

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Account Type (circle one): Checking Savings

Signature of Account Holder

Date

Attach voided check here