

**Taylor Independent School District  
Duck University Extended Day Program  
Fee Based Program Bank Draft**

T.H. Johnson Elementary, Pasemann Elementary, and Main Street Intermediate/Taylor Middle School  
Pre K – 6<sup>th</sup> Grades

---

**Attach Voided Check:**

Please Read the payment option below:

Monthly – Parents who wish to pay on a monthly basis must agree to make payments according to the monthly tuition schedule. These payments will be processed through an automatic bank draft. The payments will be processed the first of each month, or on the Friday prior if the 1<sup>st</sup> falls on a weekend or school holiday.

Child's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #'s (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

**If paying for more than one child, refer to the 2018-2019 Tuition Monthly Schedule.**

Statement of tuition payment intent: I certify that I have read and understand the option of tuition payment for the Taylor ISD Tuition-Based Duck University Extended Day Program, and I agree to make payments in the amount based on the monthly tuition schedule.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To pay by automatic bank draft, please complete the following information:

Bank Name: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Account # \_\_\_\_\_ Print Name as it appears on your account \_\_\_\_\_

**Authorization: Please charge my child's/children's tuition based Duck University Extended Day Program to the above account as specified in the Payment Option (above).**

**Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

---

For Office Use: Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(Name) (Amount \_\_\_\_\_) ( \_\_\_\_\_ Month to Month \_\_\_\_\_)

Please keep a copy of this form to serve as receipt for IRS purposes.