



Automatic Tuition Payment Authorization

(Attach a VOIDED Check)

Child(ren)'s Name(s):

Parent(s) Name(s):

Address:

City: _____ State: _____ Zip Code:

Financial Institution: _____ Phone:

Bank Routing #:

Checking/Savings Account #:

Please Circle One Automatic Tuition Payment: Weekly Bi-Weekly Monthly

By signing below, I hereby authorize the above Association to initiate debit entries, no earlier than the payment due date, from my checking or savings account at the financial institution listed above for the purpose of making my Weekly/Monthly tuition payments. The transfer of funds from my account will not

cease until the Association receives written notification from me within 7 days before the next transaction due date.

If your payment is returned by your Financial Institution, your account will be charged an additional fee of \$35.00 and all future payments must be made by debit card, money order, cashier's check, or cash.

Parent Signature: _____

Date: _____