



September 5, 2013
ACH Origination Agreement

Credit/Debit Authorization Form

Authorization Agreement for Direct Deposit/Payment

I (we) hereby authorize Stephenville Christian School ("COMPANY") to initiate entries to my checking/savings accounts at the financial institution listed below (FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Receiver Name(s):	
Financial Institution:	
Routing Number:	
Account Number:	
Account Type:	()Checking ()Savings
Amount of Payment:	

Receiver Signature:	
Date:	

Tuition payments will be withdrawn from your account on _____ day of each month. (Any day from the 1st through the 15th)

Monthly payments can be on any day starting on the 1st through the 15th. No payments can be after the 15th of the month.

Tuition payments begin on August 1st and will continue through the month of July on the same day each month. (12 monthly payments)

****Please return this form in a sealed envelope marked "Direct Debit"