



**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.

<b>Name of Parents:</b>	
<b>Name on Bank Account:</b>	
<b>Name of Financial Institution:</b>	
<b>Bank Routing Number:</b>	
<b>Bank Account Number:</b>	
<b>Type of Account:</b>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>Signature:</b>	
<b>Date:</b>	

Tuition payments will be withdrawn from your account on \_\_\_\_\_ day of each month. (Any day from the 1<sup>st</sup> through the 15<sup>th</sup>).

Monthly payments can be on any day starting on the 1<sup>st</sup> through the 15<sup>th</sup>. No payments can be after the 15<sup>th</sup> of the month unless approved.

Tuition payments are for 12 months beginning on August 1<sup>st</sup> through July 31<sup>st</sup>.

\*\*\*\*\*Please return this form in a sealed envelope marked “Direct Debit”