



**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.

Name of Parents:	
Name on Bank Account:	
Name of Financial Institution:	
Bank Routing Number:	
Bank Account Number:	
Type of Account:	() Checking () Savings
Amount for Tuition Payment:	
Amount for Extended Care Payment:	
Signature:	
Date:	

Tuition and Extended Care payments will be withdrawn from your account on the same date each month. Please provide a date for the payment to be withdrawn. Monthly payments can be on any day starting on the 1st through the 15th. No payments can be after the 15th of the month unless approved by Director or Bookkeeper.

Tuition date: _____ **Extended Care date:** _____

Tuition payments are for 12 months beginning on August 1st through July 31st.

Extended Care payments are for 9 months beginning on September 1st through May 31st.

All Extended Care balances have to be paid by the end of the school year. If you have overpaid on Extended Care the credit will be applied to your Tuition balance in the month of July and final tuition payment will be reduced unless otherwise discussed with Director or Bookkeeper.

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