

Debit Authorization Form

I hereby authorize Grandview Christian School to initiate debit entries and, if necessary, debit adjustments for any credit entry in error to my account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to debit the same to such account. This authority is to remain in full force and effect until Grandview Christian School has the yearly tuition costs for the school year **2010-2011**, or has received written notification from me of its termination in such time and in such manner as to afford Grandview Christian School and DEPOSITORY a reasonable opportunity to act on it.

Name on account (please print): _____

SSN: _____

Second Name on Account (please print): _____

SSN: _____

Name(s) of child(ren) attending (please print): _____

Financial Institution: _____

Financial Institution Address and Phone: _____

Signature: _____

Signature: _____

DEBITS ARE DUE BY THE 15TH OF EACH MONTH.

Amount to debit: \$ _____

I authorize credits to my account (paychecks)

CHANGE – Change financial institution and/or account number

CANCEL – Stop my participation in the program

Tape a voided check here

IMPORTANT – Check type of account: () Checking () Savings