

Automatic Bank Draft
Tuition Payment Plan C
Debit Authorization

Student Name(s) _____ Grade Level(s) _____

I (we) hereby authorize Sayre School, hereinafter called SCHOOL, to initiate debit entries from my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions from my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) (Branch, if applicable)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Type of Acct: Checking Savings

Payment withdrawals will occur the 5th day of the month. This authority is to remain in full force and effect unless SCHOOL receives written notification from me (or either of us) of its termination in such a time and manner as to afford SCHOOL and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name) (Signature)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM