

TUITION AUTOPAY AUTHORIZATION

PLEASE CHECK ONE:

_____ New Enrollment. Complete all information below.

_____ Change of Information. Complete all information below.

_____ Delete Enrollment.

Please delete my enrollment in the SCS Tuition Autopay program effective _____.

Signed _____ Date _____

You must notify Sheboygan Christian School if any information changes regarding your bank account or if you would like to change the account or financial institution from which your automatic payment is debited. To request a change or to discontinue services, notice must be submitted in writing to Sheboygan Christian School. Please allow 15 days for enrollment activation or for any changes or deletions to become effective.

NEW ENROLLMENT AND CHANGES:

Account Holder's Name: _____

Deduct \$ _____ From Account Number _____

This is a _____ Checking Account _____ Savings Account

Name of Bank _____ Transit Routing Number _____

Deduction to be made on the _____ 1st day of each month **OR** the _____ 15th day of each month
(In the event that the 1st or the 15th falls on a weekend or Holiday, the deduction will be made on the next business day.)

Date of first deduction _____

PLEASE INCLUDE A COPY OF A VOIDED CHECK FOR CHECKING ACCOUNTS OR A DEPOSIT SLIP FOR SAVINGS ACCOUNTS.

I hereby authorize Sheboygan Christian School to make withdrawals from the account listed above. These funds will be applied toward my tuition payments.

Signed _____ Social Security Number _____

Print Name _____ Date _____