



SHEBOYGAN CHRISTIAN S C H O O L

TUITION AUTOPAY AUTHORIZATION

This form must be updated each fiscal year.

PLEASE CHECK ONE:

_____ New Enrollment. Complete all information below.

_____ Change of Information. Complete all information below.

_____ Change of withdrawal amount only. All bank, routing and account numbers remain the same as currently on file, please update the withdrawal amount as indicated below.

_____ Delete Enrollment. Please delete my enrollment effective _____.

You must notify Sheboygan County 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 County 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 _____

Circle the date the amount will be deducted from your account each month: 1st 10th 15th 25th

Date of first deduction _____

PLEASE INCLUDE A COPY OF A VOIDED CHECK FOR CHECKING ACCOUNTS OR A DEPOSIT SLIP FOR SAVINGS ACCOUNTS. In the event that the monthly date selected above falls on a weekend or Holiday, the deduction will be made on the next business day.

I hereby authorize Sheboygan County Christian School to make withdrawals from the account listed above. These funds will be applied toward my tuition payments. I understand that any and all insufficient fund (NSF) returns will be assessed a \$25.00 NSF finance fee by SCCS in addition to any fees that my bank may assess.

Signed _____ Print Name _____

Date _____