

## Direct Payment Authorization

I, \_\_\_\_\_, certify that I am a signer on the account listed below, and herewith grant \_\_\_\_\_ (hereinafter referred to as Payee) and its Agents, including Financial Institutions, authority to initiate debit entries, and if necessary credit entries and adjustments for any debits entries made in error, to the account listed below. This agreement will remain in effect until Payee is notified of its cancellation in writing and Payee and its Agents have had a reasonable time to effect such cancellation.

Name on Account \_\_\_\_\_

Any Other Family Last Name to be listed \_\_\_\_\_

Signature / Date \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Attach voided Check Here:

Please note: Form **must** have voided check to be accepted.

Type of Account     Checking                       Savings

Select One:     Weekly (debited on Monday for the week's tuition)

Monthly (debited the first Monday of the month for the month)

Office use only: Toni's initials \_\_\_\_\_