

New Life Christian School

Agreement to Preauthorize Withdrawals (Debits)

(Complete only if you selected **Plan 3** as your payment option)

I (we) hereby authorize New Life Christian School to initiate debit entries to my (our) Checking/Savings account at the financial institution listed below, and if necessary, initiate adjustments for any transactions debited in error. This authority will remain in effect until my (our) tuition account is paid in full or until New Life Christian School is notified by me (us) in writing to cancel it 3 days prior, or in such time as to afford New Life Christian School and the financial institution a reasonable opportunity to act on it. I understand that thirty (30) days notice, in writing, to New Life Christian School is required if I change banks and/or accounts.

Name of Financial Institution

Address of Financial Institution

(Branch, City, State, Zip)

Financial Institution Routing Number

Account Number (Attach Voided Check)

Names on the Bank Account

Home Address

Signature: _____

Date: _____

Payment will be deducted on the (check one) _____ 5th or the _____ 20th of the month.

Important: Please attach a voided check from your checking account, or a voided deposit or withdrawal slip from your savings account.

Example:	<u>Routing #</u>	<u>Account #</u>	<u>Check#</u>
	123000521	254125634655	2626