



# Automatic Withdrawal Contract

## Rockford Lutheran School

*"Igniting Minds and Souls"*

July 1, 2016 - June 30, 2017

Effective July 1, 2016. I authorize Rockford Lutheran School, through it's bank, to establish automatic payments from my bank account as identified in Section 2 of this agreement. These payments are in accordance with the terms specified in Section 3.

**I understand that if money isn't available in my account on the day of payment withdrawal, an NSF fee of \$25.00 will automatically be assessed to my tuition account.**

### Section 1: Personal Information - Must Be Completed

Payor Name \_\_\_\_\_

Payor Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Student Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

### Section 2: Bank Information – All Participants Must Complete This Section

Bank Name \_\_\_\_\_

Type of Account (select one)  Checking Account or  Savings Account

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

- *Please attach a voided check for payments that will be deducted from a checking account.*
- *If using a savings account, the routing number must be written in the space provided - a deposit slip is not acceptable*  
*Note: For savings accounts, please check with your bank to be certain that automatic payments can be withdrawn.*

### Section 3: Automatic Withdrawal - Must Be Completed

- **Please indicate your tuition payment plan.**
- Payments can be withdrawn on the 1<sup>st</sup> or 15<sup>th</sup> of the month. Please check the appropriate date.
  - Annual amount on  8/1/16 or  8/15/16
  - Semester amount on  8/1/16 and 1/1/17 or  8/15/16 and 1/15/17
  - Monthly amount on the  1<sup>st</sup> or the  15<sup>th</sup> of each month

**Check here if additional charges may be withdrawn as incurred. These include such charges as graduation & freshman retreat fees, online course fees, book fines, etc.**

**Signature Required**

Payor Signature \_\_\_\_\_ Date \_\_\_\_\_