



Automatic Withdrawal Contract

Rockford Lutheran School

"Igniting Minds and Souls"

July 1, 2018 - June 30, 2019

Effective July 1, 2018. 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 \$30.00 will automatically be assessed to my tuition account.

This contract will remain in effect until June 30, 2019 or until RLS is notified by payor in writing to cancel it.

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Note: For savings accounts, please check with your bank to be certain that automatic payments can be withdrawn.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- Payments can be withdrawn on the 1st or 15th of the month. Please check the appropriate date.
 - Annual amount on 8/1/18 or 8/15/18
 - Semester amount on 8/1/18 and 1/1/19 or 8/15/18 and 1/15/19
 - Monthly amount on the 1st or the 15th of each month
 - Special arrangement: _____ confirm with business office.

Check here if additional charges may be withdrawn as incurred.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 _____