

Oak Grove Christian School

ACH Debit Authorization Form – Electronic Tuition Payment (2019-20 School Year)

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

I (we) hereby authorize Oak Grove Christian School to initiate debit entries to my (our) checking/savings account as indicated below at the financial institution named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Student Name(s): _____

Class Attending:	9 month payment plan (9/06/2019 – 5/01/2020)	12 month payment plan (6/15/2019 – 5/15/2020)
<input type="checkbox"/> Half Day Preschool (Th-F)	<input type="checkbox"/> \$95/ month	<input type="checkbox"/> \$71.25/ month
<input type="checkbox"/> Full Day Preschool (Th-F)	<input type="checkbox"/> \$180/ month	<input type="checkbox"/> \$135/ month
<input type="checkbox"/> Half Day K4 (M-T-W)	<input type="checkbox"/> \$120/ month	<input type="checkbox"/> \$90/ month
<input type="checkbox"/> Full Day K4 (M-T-W)	<input type="checkbox"/> \$225/month	<input type="checkbox"/> \$168.75/ month
<input type="checkbox"/> Full Week K4 (M-F)	<input type="checkbox"/> \$350/month	<input type="checkbox"/> \$262.50/ month
<input type="checkbox"/> Kindergarten through 6 th Grade	<input type="checkbox"/> \$350/ month	<input type="checkbox"/> \$262.50/ month

This authorization will remain in full force and effect until Oak Grove Christian School has received WRITTEN AUTHORIZATION from me (us) of its termination in such time and such manner as to afford Oak Grove Christian School and their financial institution a reasonable opportunity to act on it, or the end of the current school year, whichever comes first.

Name(s) on Account: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Please transfer tuition payments directly from my:

- Checking Account (attach a voided check)
 Savings Account (attach a voided savings deposit slip)

staple voided
check or deposit
slip here

Bank Name: _____

Routing Number: _____

Account Number: _____



Authorized Signature: _____ Date: _____

In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF) I understand that Oak Grove Christian School may attempt to process the charge again and agree to an additional \$15.00 charge for each returned NSF which will be initiated as a separate transaction from the authorized recurring payment.