

## **Direct Debit Authorization Form**

FINANCIAL INSTITUTION INFORMATION  NAME:  ADDRESS:  DEPOSITOR ACCOUNT NUMBER:  9 DIGIT ROUTING NUMBER:  Checking Savings FREQUENCY: START DATE:  Weekly on Mondays Monthly  AMOUNT:  dollars and cents.	Check One:				
Name:  Social Security Number:	☐ Initial Debit	■ Modification			
Name:  Social Security Number:					
Address:  Student Name:  Telephone Number: ( )  E-mail Address:  Fax Number: ( )  FINANCIAL INSTITUTION INFORMATION  NAME:  ADDRESS:  DEPOSITOR ACCOUNT NUMBER:  9 DIGIT ROUTING NUMBER:  1 Type OF ACCOUNT:  Checking Savings  FREQUENCY:  START DATE:  Weekly on Mondays  Monthly  AMOUNT:  \$  dollars and Cents.  Instructions:  I hereby authorize Western Branch Academy (hereafter "Company") to electronically debit any payments from the bank specified above. This authorization is to remain in full force and effect until the Company has received written notification from me of its termination in such time and manner as to afford the Company and the bank named above a reasonable opportunity to act upon it. In addition to the agreed tuition amount above, the Company may debit any other charges, including late pick up fees. These additional debited charges are not to exceed 25 dollars without additional authorization. If the amount exceeds 25 dollars, the Company may will contact					
Student Name:  E-mail Address:  Fax Number:  ( )  FINANCIAL INSTITUTION INFORMATION  NAME:  ADDRESS:  DEPOSITOR ACCOUNT NUMBER:  9 DIGIT ROUTING NUMBER:  1 Checking Savings  FREQUENCY:  START DATE:  Weekly on Mondays Monthly  AMOUNT:  4 dollars and cents.  Instructions:  Instructions:  Instructions:  Instruction me of its termination in such time and manner as to afford the Company has received written notification from me of its termination in such time and manner as to afford the Company and the bank named above a reasonable opportunity to act upon it. In addition to the agreed tuition amount above, the Company may debit any other charges, including late pick up fees. These additional debited charges are not to exceed 25 dollars without additional authorization. If the amount exceeds 25 dollars, the Company my will contact	Name:	Social Security Number:			
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E-mail Address:    Fax Number:	Address:				
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I have read, understand and agree to the above statement.					
		_			
	Signature:	Date:			
**Please attach a voided check **	**Please attach a voided check **				
I louge attach a voidea chieff					

Please complete and return this form to the Western Branch Academy front office:

Office Use Only			
Entered Initials	Date	Verified	Date