



Direct Debit Authorization Form

Check One:	
<input type="checkbox"/> Initial Debit	<input type="checkbox"/> Modification

Payer Information	
Name:	Social Security Number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address:	
Student Name :	Telephone Number: ()
E-mail Address:	Fax Number: ()

FINANCIAL INSTITUTION INFORMATION

NAME:	
ADDRESS:	
DEPOSITOR ACCOUNT NUMBER:	
9 DIGIT ROUTING NUMBER: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
TYPE OF ACCOUNT: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
FREQUENCY:	START DATE:
<input type="checkbox"/> Weekly on Mondays <input type="checkbox"/> 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 will contact me for the additional authorization. Monthly debits are drawn on the first business day of each month.	
I have read, understand and agree to the above statement.	
Signature:	Date:
**Please attach a voided check **	

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

Office Use Only			
Entered _____	_____	Verified _____	_____
Initials	Date	Initials	Date