

**DIRECT DEBIT AUTHORIZATION FORM**

I authorize Lancaster County Christian School to initiate electronic debit entries each month, and if necessary, credit entries and adjustments for any debit entries in error to the account(s) indicated below. I acknowledge that the origination of ACH transactions to my account(s) must comply with the provisions of US law. This authority will remain in effect until I have cancelled it in writing.

\_\_\_\_\_

Name (Please Print) Signature Date

Please provide the information requested below.

- 1. Bank Name \_\_\_\_\_
- Bank Account # \_\_\_\_\_
- Bank Routing # \_\_\_\_\_
- Type of Account (circle one): Checking Savings
- Net Tuition(Y/N)\_\_\_\_\_ OR Amount \$ \_\_\_\_\_

This payment should be designated for tuition unless otherwise designated below:

\_\_\_\_\_

<p><b>PLEASE ATTACH A VOIDED CHECK OR A COPY OF A CHECK FOR EACH CHECKING ACCOUNT. FOR SAVINGS ACCOUNTS, PLEASE VERIFY THE ROUTING NUMBER WITH YOUR BANK.</b></p>
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