

**SHALOM SCHOOL
AUTHORIZATION AGREEMENT
FOR ELECTRONIC PAYMENTS**

Name(s) _____

Name of Student(s) _____

Address _____

City, State, Zip Code _____

I (we) hereby authorize **Shalom School** to initiate debit entries to my (our):

checking savings account (Select one)

Please indicate below at which depository financial institution to debit.

Depository

Name _____

Branch _____

Address _____

City, State, Zip Code _____

Routing Number (attach a voided check) _____

Account Number _____

Date of withdrawal: **1st OF EACH MONTH**

This authorization is to remain in full force and effect until Shalom School has received all of the tuition, child care, and other fees in accordance with all contracts.

Name _____

Name _____

Social Security # _____

Social Security # _____

Date _____

Date _____

Signature _____

Signature _____

NOTE: THE ABOVE WRITTEN DEBIT AUTHORIZATION PROVIDES THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING, IN ADVANCE, THE ORIGINATOR IN WRITING.