



Foothill Christian School Automated Bank Debit Enrollment

To enroll, complete this form and return it to the Finance Department. All Automated Bank Debit Enrollments must have a voided check attached at the bottom. **All information must be filled in completely.**

Information:

Name (on Bank Account) _____ Child Name _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Date: _____

Select one of the following: (Each new school year is a New Enrollment)

_____ New enrollment _____ Change in Amount _____ Change in Account

Please select frequency and amount of transfers (according to the payment plan you selected on your Enrollment Agreement). **If you have any questions, please contact our Finance Office at 626.914.1849.

1st of every month or next business day in the amount of \$ _____ (dollar amount must be filled in)

15th of every month or next business day in the amount of \$ _____ (starts the 15th prior to the month due)

Select Start Date according to payment plan:

12 Mo: May 15 June 1 **11 Mo:** June 15 July 1 **10 Mo:** July 15 Aug 1

Account Information:

Please take my payment directly from my:

_____ Checking Account (please attach a voided check)

_____ Savings account (please attach a bank verification form)

Account No. (do not include check number) _____

Routing No. (9 digit number on lower left of check) _____

Authorization:

I authorize Foothill Christian School to process debit entries to my account as indicated herein. I have attached a voided check or savings bank verification form. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized Signature: _____

**** Attach Voided Check to this form****