

## Authorization for Direct Payment via ACH (ACH Debits)

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment. The 2019 / 2020 return fee is \$55.00 per transaction.

I (we) hereby authorize Our Savior Christian Academy, to electronically debit my (our) account and, if necessary, electronically credit my (our) account to correct erroneous debits. The NACHA Operating Rules do not require the consumer's express authorization to initiate Reversing Entries to correct erroneous transactions.

### List First and Last Name of Children Enrolled for Authorized ACH Payment

- 1.
- 2.
- 3.
- 4.

**Bank Name:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Checking Account**     **Savings Account**

**Total Monthly Amount of Debit(s) Authorized:** \_\_\_\_\_

**Date of Debit:** (select one or both)     5<sup>th</sup> of the Month     20<sup>th</sup> of the Month

**Debit Schedule:** Months must be consecutive and at least 9 must be checked unless you are an annual or bi-annual payment. Your first payment is due upon enrollment. Automatic payments begin the following month.

September 2019 \_\_\_\_

October 2019 \_\_\_\_

November 2019 \_\_\_\_

December 2019 \_\_\_\_

January 2020 \_\_\_\_

February 2020 \_\_\_\_

March 2020 \_\_\_\_

April 2020 \_\_\_\_

May 2020 \_\_\_\_

June 2020 \_\_\_\_

July 2020 \_\_\_\_

**Parent/Guardian Initials** \_\_\_\_\_

## Authorization for Direct Payment Signature Page

*I understand that this authorization will remain in full force and effect until I (we) notify Our Savior Christian Academy in writing that I wish to revoke it. I understand that OSCA requires at least 30 days prior notice in order to cancel this authorization and / or terminate enrollment. All fees, past due amounts, book fees, final tuition payment (with 30 day notice) or any other cost incurred while attending OSCA is due and payable upon revocation of this ACH authorization, and can be deducted automatically.*

### Account Holder

Name: \_\_\_\_\_

(Please Print)

### Account Holder Contact Phone

Number: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Staple your voided check here:

**The August payment is considered an enrollment placement fee that counts towards your total tuition due. It is not refundable under any circumstance except a verified deployment or work transfer.**

Parent/Guardian Initials \_\_\_\_\_