

Gethsemane Lutheran School ACH Direct Payment Form for Tuition

I, _____ authorize Gethsemane Lutheran to initiate electronic debit entries to my:
(print name)

___ Checking account, or ___ Savings account (check one)

for payment of my monthly tuition bill for the 2009 – 10 school year. This payment will be taken on the 20th of each month, beginning on August 20, 2009 and ending on May 20th, 2010. If the 20th of the month falls on a weekend or a holiday, the payment will be taken the following business day.

Gethsemane Lutheran School Account #: _____

Monthly Tuition Amount: _____

(If you are unsure of your account number or tuition amount, you may leave these items blank and they will be filled out by the accounting office.)

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until the end of the current school year or until I have cancelled it in writing.

Financial Institution Name (please print): _____

Financial Institution City and State (optional): _____

Account Number at Financial Institution: _____

Financial Institution Routing Number: _____

(9 digits on the bottom left side of a check, beginning with 0, 1, 2, or 3, between these symbols |: |:)

Signature: _____

Date: _____

*** ATTACH EITHER A VOIDED CHECK OR A SAVINGS DEPOSIT SLIP ***