



Kingsway Christian School

Agreement For Pre-Authorized Payment Deduction

Please Note: *This agreement is used for **Tuition Payments ONLY** and does **NOT include** any other fees such as lunches, before or after school care, field trips, sport fees and more.*

I authorize **Kingsway Christian School** and **First Merchants Bank** to initiate Electronic Tuition Debits to my:

Please circle account type: Checking or Savings

Please circle the date to be deducted each month: 5th or 20th

This authority will remain in effect until I notify Kingsway Christian School in writing to cancel it in such a time as to afford Kingsway Christian School and the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying Kingsway Christian School and my financial institution 5 days before my account is charged.

Name _____ Date _____

Signature _____

____ **I am currently signed up for Electronic Tuition Payments and have NO changes.** *(Please sign above and return with application. You do NOT need to fill in information below.)*

Financial Institution Name _____

Checking or Savings Account Number _____

Financial Institution Routing Number _____

Student Names:

Staple VOIDED Check or Bank Verification for Savings Here