

# Direct Payment Enrollment Request Form

## Authorization Agreement for Automatic Debits (ACH)

I hereby authorize **Flint Hills Christian School** to electronically debit my account for monthly tuition or charitable contribution and, if necessary, initiate correction or adjustment entries to my account if monies to which I am not entitled are debited/credited to my account. This authority will remain in effect until I have filed a new authorization, or until this authorization is revoked by me in writing, or upon termination of my agreement with Flint Hills Christian School.

Select One:     Checking                       Savings

Bank Routing Number: \_\_\_\_\_

Account Number:        \_\_\_\_\_

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First Name	Middle Initial	Last Name
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Address	City	State	ZIP Code
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Daytime Phone Number \_\_\_\_\_

Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

Staple a voided check or deposit ticket to this completed form and return to Flint Hills Christian School. This form is to be retained by the Flint Hills Christian School as a matter of record. Please retain a copy for your records.