

Direct Payment Authorization Form

Student Name: _____

We are pleased to offer you the Direct Payment Plan. You can have your payment(s) to the school deducted automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:

- It saves time – fewer checks to write and mail.
- Helps pay your bills in a convenient and timely manner – even if you're on vacation or out of town.
- Your payment is always on time—it helps maintain good credit.
- It saves postage – many people spend close to \$100 a year on postage.
- It's easy to sign up for, easy to cancel.
- No late charges.

Here's how the Direct Payment Plan works:
You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. Your payments will

be made automatically on the specified day and proof of payment can be emailed upon request.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before payment date. The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us

All you need to do is:

- 1) Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
- 2) Fill in your name, financial institution name and location, and date.
- 3) Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number.

Please complete the information below.

NOTE: Be sure to sign the form!

I authorize CROSSROADS SCHOOL INC. to initiate electronic debit entries to my:

____ checking account (or) ____ savings account for payment of my _____ (type of bill).

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 I have cancelled it in writing.

PLEASE PRINT

Financial Institution Name _____

Account Number _____

Routing Number _____

Financial Institution City and State _____

SIGNATURE _____ Date _____

Printed Name of above Signature _____