



ACH AUTHORIZATION

(Add Payor Account)

Automatic Payments by Electronic Funds Transfer (EFT)

PAYOR INFORMATION

<input type="text"/>												<input type="text"/>												<input type="text"/>	
Primary Payor's First Name												Primary Payor's Last Name												MI	
<input type="text"/>												<input type="text"/>												<input type="text"/>	
Street Address												<input type="text"/>												<input type="text"/>	
<input type="text"/>												<input type="text"/>				<input type="text"/>				<input type="text"/>					
City												State				ZIP									
<input type="text"/>				<input type="text"/>								<input type="text"/>													
Area Code				Daytime Phone								<input type="text"/>													

STUDENT INFORMATION

Attach an additional sheet for more students.

<input type="text"/>												<input type="text"/>												<input type="text"/>		<input type="text"/>	
Last Name												First Name												MI		Grade	
<input type="text"/>												<input type="text"/>												<input type="text"/>		<input type="text"/>	
Last Name												First Name												MI		Grade	

PAYMENT INFORMATION

<input type="text"/>												<input type="text"/>		\$ <input type="text"/>				<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Beginning Month												# of Months		Payment Amount				1 st		5 th		10 th		20 th	
<input type="text"/>												<input type="text"/>		<input type="text"/>				<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Beginning Month												# of Months		Payment Amount				Payment Day (Per School's Policy)							

I hereby authorize Calvary Educational Ministries, Inc. to initiate debit entries on behalf of the school, and my financial institution to charge my account (as listed on the accompanying voided check) for school-related payments. Payments returned as non-sufficient funds may be resubmitted. These payments will be credited to balance due the school and other fees. The monthly tuition payment amount and any other fees will be determined by the school, and the terms of this agreement may be adjusted by the school. A confirmation of terms will be mailed to you. It is your responsibility to make payments due prior to setup.

PLEASE STAPLE YOUR VOIDED CHECK HERE
DO NOT USE A DEPOSIT SLIP

Cancellation Policy: This authorization is to remain in full force and effect until Calvary Educational Ministries, Inc. has received written notification from me of its termination and has had the opportunity to act on it (at least three banking days).

PAYOR AUTHORIZATION

 PAYOR SIGNATURE & DATE