



## Recurring Payment

I, \_\_\_\_\_, hereby give Allendale Christian School  
 (first and last name)  
 permission to debit my bank account for the purpose of making tuition payments to the school.

- These payments may be stopped at any time by contacting the school administration at least one month before the next planned payment.
- Recurring payments will be debited on the same day of each month.
- If that day falls on a weekend, the payment will be deducted the following business day.

**Our banking information is currently on file with ACS      yes      no**

\*If this is a NEW auto debit, please fill out the banking information below:

Bank Name \_\_\_\_\_

Names on Account \_\_\_\_\_

\_\_\_\_\_ Checking Account      \_\_\_\_\_ Savings Account

Account Number \_\_\_\_\_

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

\*A copy of a voided check is needed to begin this process via fax 616-895-5109, mail 11050 64<sup>th</sup> Ave., Allendale, or email to [skuperus@allendalechristian.com](mailto:skuperus@allendalechristian.com).

Amount of Payment to be deducted \$ \_\_\_\_\_

Payment Options Only    \_\_\_\_\_ 1st of the month  
    \_\_\_\_\_ 15<sup>th</sup> of the month

Frequency    \_\_\_\_\_ Monthly    \_\_\_\_\_ Quarterly    \_\_\_\_\_ Semi Annual    \_\_\_\_\_ Annual

Recurring Payment to begin in what month \_\_\_\_\_

By signing below, I authorize ACS to debit my account according to the schedule that we have agreed upon.

Signature of Payer \_\_\_\_\_