



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 64th Ave., Allendale, or email to skuperus@allendalechristian.com.

Amount of Payment to be deducted _____

Frequency _____ Date of First Payment _____

Recurring Payment yes no

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

Signature of Payer _____