



Grandview Christian School & Golden Eagle Preschool

12340 Grandview Road, Grandview, MO 64030 (816)767-8630 FAX (816)763-5029

www.grandviewchristianschool.com

2021-22 Auto Bank Debit Authorization Form

I hereby authorize Grandview Christian School (GCS) to initiate debit entries and, if necessary, credit or debit adjustments for any entry made in error to my account (identified below) and the financial institution named below, hereinafter called DEPOSITORY, to debit (or credit) the same to such account. I understand that a \$20.00 fee will be assessed for any debit transaction that is not honored by my bank and that the returned debit will not automatically be presented a second time.

This authority is to remain in full force and effect until GCS has received the full tuition costs for the 2021-2022 school year, or until GCS has received written notification from me of its termination in such time and in such manner as to afford GCS and DEPOSITORY a reasonable opportunity to act on it.

Account Details

~Please Print Legibly~


		<u>Accountholder Name as Shown on Bank Account</u>	<u>Accountholder's SSN #</u>
Primary Accountholder:			
Secondary Accountholder:			
<u>Name of Financial Institution (Bank)</u>		<u>Customer Phone Number</u>	<u>Customer Email Address</u>
<u>Bank ACH Routing #</u>		<u>Bank Account #</u>	
IMPORTANT Circle type of account:		Checking	Savings **IMPORTANT**
<u>Primary Accountholder's Signature</u>		<u>Secondary Accountholder's Signature</u>	
X		X	
<u>Name of Student(s):</u>			

Recurring Debit Details

SELECT DEBIT FREQUENCY: <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Other (specify): _____				
SELECT DEBIT DATE(S): 1st 5th 10th 15th 20th 25th 30th (circle applicable dates above)				
Or enter other debit date(s) _____ (pre-approval required)				
<u>Amount of Tuition to Debit</u>	<u>Amount of Extended Care to Debit</u>	<u>Amount of Lunch to Debit</u>	<u>Misc Items to Debit</u>	<u>Total Debit</u>
\$	\$	\$	\$	\$
<u>Start Date of Debit:</u>		<u>End Date of Debit:</u>		

Cust ID: _____

~Continued on Reverse Side~


Tape voided check here

Initial appropriate boxes below:

I authorize credits to my account, as necessary (*i.e. corrections*)

CHANGE – Change of financial institution and/or account number
Instruction: Complete Account Details section on front side & attach new voided check above

CANCEL – Stop my participation in the program
Instruction: Complete Account Holder & Names of Students on front side and sign below to CANCEL all debits after date indicated here: _____

Cancellation Request

<u>Primary Accountholder's Signature</u>	<u>Secondary Accountholder's Signature</u>
X	X