



Authorization for Automatic Monthly Bank Transfers (EFT or ACH)

Name _____ Phone (____) _____
(please print)

Address _____

City _____ State _____ Zip Code _____

Name of Financial Institution _____

Bank Routing Number _____ Account Number _____

Type of Account: Checking Savings

Withdrawal Date: 1st 15th
(on this date or next business day thereafter)

Attach a voided check from checking account or a deposit slip from savings account.

I (we) hereby authorize Evansville Christian School to initiate debit entries to my (our) account as described above. This authorization is to remain in effect until the School has received written notification from me of its termination in such time and manner to afford Evansville Christian School reasonable opportunity to act on it.

Authorized Signature _____ Date _____

Complete to Make Tuition Payments via ACH

Student(s) for whom you are paying _____

This option is available to automate your tuition payments. You will receive a monthly statement, generated around the 20th of each month, detailing the charges to be debited from your bank account which will include Tuition, BASC fees, and optional donations (complete below) spread over your payment plan, e.g. 10- or 12-months; Book/Supply/Technology Fees (in June and July); bus fees (in August through May); and amounts that may vary from month-to-month, including breakfast, lunch, athletics, extracurricular fees, and drop-in BASC fees.

Complete to Make Donations via ACH

Please prayerfully consider supporting our ministry. *Donations are tax-deductible as permitted by law.*

Yes, I/we would like to support the ministry of ECS!

Amount Per Month \$ _____
(minimum \$10)

- Desired Use of Funds**
- Area of Greatest Need
 - Worthy Servant's Fund
 - Tuition Assistance Program
 - Other (call to discuss options)