

ACH PROGRAM *through Security Bank*

MONTHLY AUTOMATIC PAYMENT AUTHORIZATION

By signing this agreement, I authorize Security Bank to Debit my checking/savings account to make my monthly tuition payment to Lutheran High School.

Select the day of the month for your automatic withdrawal as well as the length of the agreement:

5th 10th 15th _____ 10 Months July thru April or Aug thru May (Circle One)
20th 25th 30th _____ 11 Months July thru May or July thru May (Circle One)
 _____ 12 Months June thru May

Circle One Day for one monthly payment or Two Days for two payments per month
If the selected due date falls on a weekend or a legal holiday, the transmittal date will be the following business day.

Amount to be debited each payment: \$ _____

Student's Name

Account Holder's Name (Please Print)

Authorized Signature

_____ Please use the same banking information as last year.

_____ I am including a voided check as verification for a new or different bank account.***

Bank Name _____

Routing Number (9 digits) _____

Account Number _____

_____ Checking Account

_____ Savings Account

This authorization will remain in effect for the time frame selected unless we receive written notice of cancellation.

***** New Accounts cannot be set up without a voided check*****

**A \$25 FEE WILL BE ADDED TO ALL PAYMENTS EITHER
RETURNED OR STOPPED.**

Please contact Julie Watson with questions.