

## **2018/2019 BANK DRAFT AUTHORIZATION TUITION ONLY**

**\*\*Bank draft does not change month to month\*\***  
**\*\*New authorization form must be completed each school year\*\***

Listed below are the guidelines that apply to those using the monthly Automated Bank Draft payment plan:

1. Preauthorized bank draft must be used.
2. SCS will deposit your draft on the exact date you select unless that date falls on a holiday, a weekend, or the business office is closed due to inclement weather. In these cases, your draft will be deposited on the next business day following your payment date.
3. Please **attach a blank voided check** from your account to this form. Please do not attach a deposit slip.
4. Any changes to your bank draft must be received **in writing** at least **5 days prior** to the date of the draft. If a draft is returned due to insufficient funds or closed accounts, your account will be charged a return check fee.

**\*\*A NEW AUTHORIZATION MUST BE COMPLETED FOR EACH SCHOOL YEAR\*\***

**PLEASE COMPLETE THE BELOW INFORMATION:**

Payment Schedule: \_\_\_\_\_ 10 Month (Aug – May) or \_\_\_\_\_ 12 Month (June – May)

Monthly Draft Date: \_\_\_\_\_ 5<sup>th</sup> of each month or \_\_\_\_\_ 15<sup>th</sup> of each month

Monthly Draft Amount: \$ \_\_\_\_\_ (tuition rates for 18/19 school year can be found at [www.shilohsaints.org/admissions/tuition](http://www.shilohsaints.org/admissions/tuition))

Student's Name(s): \_\_\_\_\_

Bank or Institution: \_\_\_\_\_ Routing No.: \_\_\_\_\_

Name on Account: \_\_\_\_\_ Account No.: \_\_\_\_\_

Signature of Account Holder: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Email completed forms to [christyl@crosschurch.com](mailto:christyl@crosschurch.com) or mail to the address below:

1707 Johnson Road | Springdale, Arkansas 72762 | 479-756-1140 | [www.shilohsaints.org](http://www.shilohsaints.org)