

10 Month Payment Plan _____

12 Month Payment Plan _____

EFT AUTHORIZATION

2009-10 K-12 TUITION

ONLY ONE FORM PER FAMILY

Automatic Payments by Electronic Funds Transfer (EFT)

PAYER INFORMATION:

Last Name

First Name

M.I.

Spouse's Name

Mailing Address of Payer

City

State

Zip Code

STUDENT INFORMATION:

Last Name

First Name

Grade

Amount

Last Name

First Name

Grade

Amount

Last Name

First Name

Grade

Amount

PAYMENT INFORMATION:

Month Payment Begins

of Months

\$_____
Payment Amt.

1st ____ or 15th ____
Payment Day

I hereby authorize Crossroads Christian Schools to initiate debit entries on behalf of the school, and my financial institution to charge my account (as listed on accompanying voided check) for school-related payments. Payments returned due to non-sufficient funds may be resubmitted. These payments will be credited to the school. The school will determine the monthly tuition payment amount, and the terms of this agreement may be adjusted by the school.

**PLEASE STAPLE YOUR VOIDED CHECK HERE
DO NOT USE A DEPOSIT SLIP**

Cancellation Policy: This authorization is to remain in full force and effective until Crossroads Christian Schools has received written notification from me and has had the opportunity to act on it (at least 10 banking days).

PAYER AUTHORIZATION:

Payer Signature

Date