### **Woodland Christian School**

PLAN "C"

PRESCHOOL

1616 West Street Woodland, CA 95695 Phone: 530.662.0994 Fax: 530.406.0900

License #573615861

**ELEMENTARY SCHOOL** 

1787 Matmor Road Woodland, CA 95776 Phone: 530.666.6615 Fax: 530.406.0900 MIDDLE SCHOOL

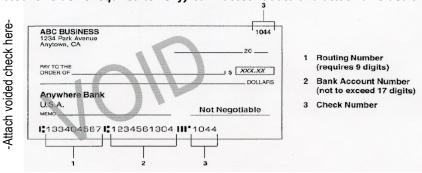
1787 Matmor Road Woodland, CA 95776 Phone: 530.406.8800 Fax: 530.406.0900 HIGH SCHOOL

1787 Matmor Road Woodland, CA 95776 Phone: 530.406.8800 Fax: 530.406.0900

## **ACH Debit Authorization Agreement**

	PLEASE CHECK ONE:	☐ Enroll	☐ Withdraw	☐ Change Bank Account		
AU	THORIZATION AGREEMENT FOR	R DIRECT PAYMENT	rs (ach debits)			
Cor	Company Name: Woodland Christian School (herein referred to as "WCS")					
Add	Address: 1787 Matmor Road, Woodland, CA 95776					
(we) he	reby authorize WCS to initiate o	ebit entries to my	(our):			
c	hecking Account	·				
S	avings Account					
EPOSITO	ORY, and to debit the same to s	uch account. I (we s of US law. <i>If the f</i>	) acknowledge that the c	al institution named below, hereinafter called origination of ACH transactions to my (our) could fall on a weekend or holiday, the ACH Debit		
Deposit	ory/Bank Name		Brand	ch		
City		9	State Zip			
Routing Numbe	; r		Account Number			
				ten notification from me (or either of us) of its reasonable opportunity to act on it.		
Account (as it ap	t Title pears on your bank account): _					
Print			Joint			
	Name		Tenant Name			
	Signature					
שמנפ						
			PROVIDE THAT THE RECEIVER MAY IN THE MANNER SPECIFIED IN THE	Y REVOKE THE AUTHORIZATION ONLY BY AUTHORIZATION.		
Student	Information					
				Grade		
				Grade		

Account holder is required to verify bank account data and attach a voided check here.



# **Woodland Christian School**



#### **PRESCHOOL**

1616 West Street Woodland, CA 95695 Phone: 530.662.0994 Fax: 530.406.0900 License #573615861

PLEASE CHECK ONE:

#### **ELEMENTARY SCHOOL**

1787 Matmor Road Woodland, CA 95776 Phone: 530.666.6615 Fax: 530.406.0900

☐ Enroll

#### MIDDLE SCHOOL

1787 Matmor Road Woodland, CA 95776 Phone: 530.406.8800 Fax: 530.406.0900

## HIGH SCHOOL

☐ Change Bank Account

1787 Matmor Road Woodland, CA 95776 Phone: 530.406.8800 Fax: 530.406.0900

### **Credit-Card Debit Authorization Agreement**

☐ Withdraw

ſ	UTHORIZATION AGREEMENT FOR DIRECT CREDIT CARD PAYMENTS					
	Company Name: <u>Woodland Christian School</u> (herein referred to as "WCS")					
	Address: 1787 Matmor Road, Woodland, CA 95776					
Please debit my (our) account for our monthly tuition payment in the amount of \$ on the fifth day of each month with the last payment being May 2018, indicated at the depository credit financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of Auto Debit transactions to my (our) account must comply with the provisions of US law.						
Payment/Authorization Information:						
Accepted Payment Methods: MasterCard, Visa						
Card	Card Number (enter number without spaces)					
Expi	tion Date (MM / YY) Security Code # (3-digit code on back of card)					
Amo	nt Each Month: \$					
Cust	mer Billing Information:					
Last	ame First Name	_				
Com	any					
Add	ss	_				
City	State Zip Country					
Pho	e () Fax ()					
E-m	l:					
This authorization is to remain in full force and effect until WCS has received written notification from me (or either of us) of its termination in such time and in such manner as to afford WCS and DEPOSITORY a reasonable opportunity to act on it.						
Prin Nam	Joint Tenant Name					
Sign	cure Signature					
Date	Date					
NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS <u>MUST</u> PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY  NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.						
Stud	nt Information					
	Grade Name Grade					
ivame	Grade Grade Grade Grade					