

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

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: **Woodland Christian School** (herein referred to as "WCS")

Address: **1787 Matmor Road, Woodland, CA 95776**

I (we) hereby authorize WCS to initiate debit entries to my (our):

_____ Checking Account

_____ Savings Account

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 financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law. *If the fifth day of the month should fall on a weekend or holiday, the ACH Debit Transaction will take place on the next business day.*

Depository/Bank Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

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.

Account Title
(as it appears on your bank account): _____

Print Name _____ Joint Tenant Name _____

Signature _____ Signature _____

Date _____ Date _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Student Information

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

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

-Attach voided check here-

ABC BUSINESS
1234 Park Avenue
Anytown, CA

PAY TO THE ORDER OF _____ \$ XXX.XX
DOLLARS

Anywhere Bank
U.S.A.
MEMO _____ Not Negotiable

1 2 3
1 133404567 1234561304 1044

- 1 Routing Number (requires 9 digits)
- 2 Bank Account Number (not to exceed 17 digits)
- 3 Check Number

Woodland Christian School

PLAN "D"

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
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Fax: 530.406.0900

MIDDLE SCHOOL

1787 Matmor Road
Woodland, CA 95776
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Fax: 530.406.0900

HIGH SCHOOL

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

Credit-Card Debit Authorization Agreement

PLEASE CHECK ONE:

☐ Enroll

☐ Withdraw

☐ Change Bank Account

AUTHORIZATION AGREEMENT FOR DIRECT CREDIT CARD PAYMENTS

Company Name: **Woodland Christian School** (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 Number _____ (enter number without spaces)

Expiration Date (MM / YY) _____ Security Code # _____ (3-digit code on back of card)

Amount Each Month: \$ _____

Customer Billing Information:

Last Name _____ First Name _____

Company _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone (_____) _____ Fax (_____) _____

E-mail: _____

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.

Print
Name _____

Joint
Tenant Name _____

Signature _____

Signature _____

Date _____

Date _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Student Information

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____