

New Hope Christian Schools
Authorization Agreement for Electronic Funds Transfer (EFT)

- I authorize New Hope Christian School to charge my bank account monthly, according to the payment plan I indicated below.
- I authorize financial institution named below to honor these charges for payment as if they were signed by me.
- I understand that by using EFT I will receive a 3% discount on my annual tuition amount. If I choose to stop EFT at any time during the school year, I will lose this 3% discount.
- I understand that these charges will be made on the 1st of every month.

*Please provide all requested information below (please print)
and attach a voided check.*

Family Name: _____

Payees Name *(if different from Family Name)*: _____

Your Bank's Name: _____

Bank Account # to be charged: _____

_____Checking _____Savings

Bank's 9-Digit Routing (or ABA) #: _____

Name(s) as they show on this Bank Account:

I would like to pay on a:

_____ **10** month plan (**August** through **May**)

_____ **12** month plan (**July** through **June**)