

New Hope Christian School

5961 New Hope Rd.
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*Ambassadors for Christ
Armed for Kingdom Work*



541-476-4588
(fax) 541-474-7626
www.newhopechristian.net
*"Thy Word is a Lamp unto my feet
and a Light unto my path." Psalm 119:105*

Authorization Agreement for Electronic Funds Transfer (EFT)

- According to the payment plan I have indicated below, I authorize New Hope Christian School to electronically charge my monthly payments directly to my bank account.
- I authorize the 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 2% discount on my annual tuition amount. If I choose to stop EFT at any time during the school year, I will lose this 2% discount.
- I understand that these charges will be made on the 7th of every month.

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

Family Name: _____

Payee Name (if different from Family Name):

Financial Institution: _____

Bank Account Number: _____

_____ Checking _____ Savings

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

Name(s) as shown on this Bank Account:

I would like to pay on a:

_____ 10 month plan (August through May)

_____ 12 month plan (July through June)