



DIRECT PAYMENT PLAN

We are pleased to offer you the **Direct Payment Plan** option for making your school payments. With this plan you can have your payments deducted automatically from your checking or savings account. You won't have to change your present banking relationship to take advantage of this service.

The **Direct Payment Plan** will help you in several ways:

- It saves time - fewer checks to write.
- Helps meet your commitment in a convenient and timely manner - even if you're on vacation or out of town.
- It saves postage.
- It's easy to sign up, easy to cancel.

Here is how the **Direct Payment Plan** works: You authorize regularly scheduled payments to be deducted from your checking or savings account. (SFCS requires your 10% down payment with your check at the time of registration and the balance of your tuition can be spread over the 9 month school year.) Your payments will be made automatically on the specified day and your payment will appear on your checking or savings account statement. **The authority you give to debit your account will remain in effect until you notify us in writing to terminate the authorization.** The **Direct Payment Plan** is dependable, flexible, convenient and easy. To take advantage of this service, complete this authorization form and return it to us.

All you need to do is:

1. Mark the blank to indicate whether your payment will be deducted from your checking or savings account.
2. Fill in your name, financial institution name, location and date.
3. **Attach a voided check** for verification of all financial institution information. (do not attach a deposit slip)

AUTHORIZATION FOR DIRECT PAYMENT

I authorize **SIOUX FALLS CHRISTIAN SCHOOLS** to initiate electronic debit entries for my payments from my:
___checking account or ___savings account

AMOUNT OF EACH DIRECT DEPOSIT PAYMENT

TUITION Amount \$ _____	LUNCH Amount \$ _____	OTHER Amount \$ _____
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DATE

Choose one: ___1st ___15th ___25th

The entry will occur on this date each month. *According to school policy, monthly tuition payments must be made beginning in September and ending in May for a total of nine monthly payments.*

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date _____

Signature _____

ATTACH YOUR VOIDED CHECK HERE: