

Authorization Agreement for Draft Payments

Cornerstone Christian Academy

P.O. Box 129 Tillar, AR 71670

Please complete the section below IF PAYING MONTHLY by automatic draft.

I (we) have elected to pay tuition on a monthly basis, therefore, I (we) hereby authorize Cornerstone Christian Academy, hereinafter called COMPANY initiate debit entries to my (our) checking accounting indicated below and the bank named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY/BANK

Name of Bank: _____

Address: _____

City _____ State: _____ Zip: _____

Transit/ABA Number: _____

Account Number: _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such manner as to afford company and DEPOSITORY a reasonable opportunity to act on it. Debit entries will be made according to tuition or account balance owed on a monthly basis, whether the 5th or the 20th. Draft will continue until all debts are paid in full.

Name: _____ Date: _____

(Please Print)

Signature: _____

Signature: _____

**IF PAYING BY AUTOMATIC DRAFT, PLEASE ATTACH A
VOIDED CHECK OR DEPOSIT SLIP TO THIS FORM.**