

AUTOMATIC TUITION PAYMENT CONTRACT

First withdraw will be on or about August 20

I authorize Alpine Academy of Rockford, through its bank, to establish automatic payments from my bank account as identified in Section 2 of this agreement. I understand that if money is not available in my account on the day of every withdrawal of payment, a "missed payment" fee of \$25.00 will automatically be assessed to my bank account.

SECTION 1: PERSONAL INFORMATION (Must be completed)

Payer Name: _____

Payer Address: _____

City/State/Zip: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

SECTION 2: BANK INFORMATION (All participants must complete this section)

Bank Name: _____

Type of Account (*Select one*): Checking Account **OR** Savings Account

Account Number: _____

Routing Number: _____

Note: For savings accounts, please check with your bank to be certain that automatic payments can be withdrawn

Please attach a voided check for payments that will be deducted from a checking account. If you are withdrawing from a savings account, the routing number must be written in the space provided. A deposit slip is not acceptable.

SIGNATURE REQUIRED

Parent/Guardian Signature: _____ Date: _____