



Automated Payment Registration

Please complete this form if you would like to set up an automatic payment for tuition.

Automatic payments will be processed on the 1st of the month. For example, September tuition will be paid on September 1st.

Bank Account Draft

Debit from: Checking Savings

Bank Name: _____

City: _____

State: _____

Routing Number: _____

Account Number: _____

Monthly Dollar Amount: _____

This authorization is to remain in full force and effect for the stated school year (August 2009 to June 2010) unless the Lititz Christian School Business Office receives written notification from me (named as follows) of its termination in such time and in such manner as to afford Lititz Christian School and the Depository a reasonable opportunity to act on it.

Printed Name(s): _____

Signature: _____

Date: _____

(Please attach a voided check from the checking account to be drafted or other document for a saving account.)

LITITZ CHRISTIAN SCHOOL

MORNINGSTAR CHRISTIAN CHILDCARE AND ACADEMICS

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