



CHRISTIAN HERITAGE
ACADEMY

315 Waukegan Road, Northfield, IL 60093
847 446-5252 fax: 847 446-5267
www.christianheritage.org

Authorization Agreement for Direct Payment Debit

(Please return to Sandi Decker, Coordinator of Financial Services.)

OWNER INFORMATION

Name (as it appears on your bank account) _____

Address _____

City _____ State _____ Zip _____

Duration: Continue for duration of Enrollment of Student(s) unless contacted

Amount to be debited: Current invoice amount due Tuition only Other – Please specify: \$ _____

Day of month to be debited (please pick 6th-31st) _____

Payment Plans: 10-Month (Aug-May) Quarterly (July, Oct, Jan, Apr) Annual (Aug)

FINANCIAL INSTITUTION

Financial Institution Name _____

Bank Routing # _____ Account # _____

Address _____

City _____ State _____ Zip _____

Account Type: Checking (*please attach voided check*) Savings

Bank Telephone (_____) _____ - _____

PAYER AUTHORIZATION

I hereby authorize CHRISTIAN HERITAGE ACADEMY to debit the account listed above for tuition and fees or donations. This authority is to remain in full force and effect until written notice from me has been received by the Christian Heritage Academy in such manner as to afford reasonable time to act on it.

Signature _____ Date _____