



SALISBURY

CHRISTIAN SCHOOL

Direct Payment Authorization for Tuition, AFEF, & ASTF

Retain a Copy For Your Records

Name of Student(s): _____

SCS Account Number: _____

On _____ I, _____ authorize
Date Printed Name

Salisbury Christian School, 807 Parker Road, Salisbury, MD 21804
410.546.0661; businessoffice@salisburychristian.org

to initiate electronic entries to my checking/savings account and have agreed to the terms listed on this authorization. I may revoke this authorization with the school at any time by providing written notification to the address or email address above, received by the Business Office at least 5 business days in advance of the scheduled draft. The final payment for the school year is the May payment. New payments for the next school year will begin in July. I acknowledge that tuition amounts change annually and that I will be notified of the new amount in writing prior to the first draft of the new amount in July.

Payment Amount: \$ _____ Payment Start Date: _____

Please check the option you prefer each month:

- the 15th day of each month
- the last day of each month
- split the payment on the 15th / last day of each month

I also authorize SCS to withdraw the non-refundable Annual Student Technology Fee (currently \$100 per student enrolled at SCS) from my account on September 30 of each year and the non-refundable Annual Family Enrollment Fee (currently \$150 per family) from my account on March 15 of each year. I understand that this form only applies to tuition and the specific aforementioned fees. Should I desire any additional fees or expenses to be drafted from my account, I will be required to give specific permission to do so for each one.

Only the following individuals are authorized to request drafts from this account:

Print Names: _____

Account Details:

- Checking
- Savings

Routing Number: _____

Account Number: _____

Financial Institution Name: _____

Signature

Date

Please attach a voided check or account verification from your financial institution.