



# 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.**