Auto Withdrawal Authorization

For Cornerstone Christian School dues/tuition payments

Agreement Type ___ New Agreement ___ Change Account *(please choose one)*

Please Print

.
Name on Bank Account _____

Participant Name _____

Home Address_____

Phone No. (_____)_____ Email address _____

Account Information

I authorize Cornerstone Christian School to withdraw our tuition payment monthly from my:
___**CHECKING** account or ___**SAVINGS** account

I would like the monthly amount of $_____ withdrawn on the 1st of each month (preferred)
*Second option, the 7th?

I choose the 1st____/ 7th____ *First withdrawal to start ___/___

Signed _____ **Date** _____

For Checking Account:

PLEASE TAPE A VOIDED CHECK HERE

For Savings Account:
Routing/Transit Number: ___ ___ ___ ___ ___ ___ ___ ___ ___

Savings Account Number: _____

Cancellation Information

To stop transfers, notify Cornerstone Bookkeeper **in writing no later than the 25th of the month prior to the month in which you wish to stop the ACH withdrawal**. Please provide the date on which this request is to be effective.

For Admin Use Only
Set Up (name) _____ Date Received ___/____/____ Date Set Up _____/_____/_____
Paid Thru Date___/___/___
Contacted Participant Y N   Amount due: $ Missing Information_____
Posted: □ Excel   □ Bank   □ QB
Please tape a voided check for checking account. (Do not staple.)

Cornerstone Christian School
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