

# Woodland Christian School



**PRESCHOOL**  
 1616 West Street  
 Woodland, CA 95695  
 Phone: 530.662.0994  
 Fax: 530.666.3470  
 License #573615861

**ELEMENTARY**  
 1616 West Street  
 Woodland, CA 95695  
 530.666.6615  
 Fax: 530.666.3470

**MIDDLE SCHOOL**  
 1787 Matmor Road  
 Woodland, CA 95776  
 530.406.8800  
 Fax: 530.406.0900

**HIGH SCHOOL**  
 1787 Matmor Road  
 Woodland, CA 95776  
 530.406.8800  
 Fax: 530.406.0900

## ACH Debit Authorization Agreement

PLEASE CHECK ONE:       Enroll                       Withdraw                       Change Bank Account

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: **Woodland Christian School** (herein referred to as "WCS")

Address: **1787 Matmor Road, Woodland, CA 95776**

I (we) hereby authorize WCS to initiate debit entries to my (our)

\_\_\_\_\_ Checking Account

\_\_\_\_\_ Savings Account

Please debit my (our) account for our monthly tuition payment in the amount of \$ \_\_\_\_\_ on the fifth day of each month **with the last payment being May 2015**, indicated at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law. *If the 5<sup>th</sup> should fall on a weekend or holiday, the ACH Debit Transaction will take place on the next business day.*

Depository/Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until WCS has received written notification from me (or either of us) of its termination in such time and in such manner as to afford WCS and DEPOSITORY a reasonable opportunity to act on it.

Account Title  
 (as it appears on your bank account): \_\_\_\_\_

Print Name \_\_\_\_\_ Joint Tenant Name \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

**Student Information**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

**Account holder is required to verify bank account data and attach a voided check here.**

-Attach voided check here-

1                      2                      3

1 Routing Number (requires 9 digits)

2 Bank Account Number (not to exceed 17 digits)

3 Check Number

# Woodland Christian School

PLAN "D"

## PRESCHOOL

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### Credit Card Debit Authorization Agreement

PLEASE CHECK ONE:

Enroll

Withdraw

Change Bank Account

AUTHORIZATION AGREEMENT FOR DIRECT CREDIT CARD PAYMENTS

Company Name: **Woodland Christian School** (herein referred to as "WCS")

Address: **1787 Matmor Road, Woodland, CA 95776**

Please debit my (our) account for our monthly tuition payment in the amount of \$ \_\_\_\_\_ on the fifth day of each month **with the last payment being May 2015**, indicated at the depository credit financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of Auth Debit transactions to my (our) account must comply with the provisions of US law.

#### Payment/Authorization Information:

Accepted Payment Method MasterCard, Visa

Card Number \_\_\_\_\_ (enter number without spaces)

Expiration Date (MM / YY) \_\_\_\_\_ Security Code # \_\_\_\_\_ (3 digit code on back of card)

Amount each month: \$ \_\_\_\_\_

#### Customer Billing Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

email: \_\_\_\_\_

This authorization is to remain in full force and effect until WCS has received written notification from me (or either of us) of its termination in such time and in such manner as to afford WCS and DEPOSITORY a reasonable opportunity to act on it.

Print

Joint

Name \_\_\_\_\_

Tenant Name \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS **MUST** PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

#### Student Information

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_