

The Williams School

2018-2019 Authorization Agreement for Automatic Withdrawal of Funds

Student Name(s): _____

Name (as it appears on your bank account- *please print*) _____

Address _____

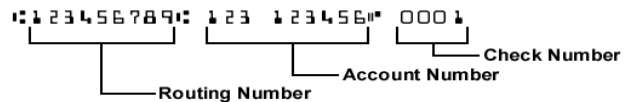
City _____ State _____ Zip _____

Please debit payments directly from my (check one):

- Checking Account (attach voided check)
 Savings Account (attach savings deposit slip)

Routing Number: _____

Account Number: _____



Please select ALL plans you wish to include in your monthly Vanco payments, as well as the start and end dates for each:

Tuition:

- Deposit on _____
- One Time Payment (July 1st)
- Two payments (July 1st and November 1st)
- 9 Month Semi-Monthly Plan (June Through February, Payment made on the 1st and the 15th)
- 9 Month Plan (June – February, on the 1st or 15th)
○ 1st
○ 15th

Amount: \$ _____

Lunch:

- Full Year Payment _____
- Trimester
Amount: \$ _____ Dates :9/1, 12/1 and 3/15
- Single billing: requires email confirmation per withdrawal

Transportation:

- One Time Payment (September 1st)
- Semester Plan (September 1st and January 10th)
- 10 Month Plan (September – June)
○ 1st
○ 15th

Amount: \$ _____

Extended Day:

- Full Year Payment (September 1st) _____
- 9 Month Plan (September – May)
○ 1st
○ 15th
- Amount: \$ _____
- Single billing: requires email confirmation per withdrawal

I authorize **The Williams School** to process debit entries from my account. This authorization will remain in effect until I give reasonable notification of its termination. I understand that there will be a **\$25.00** fee automatically charged to my account for every transaction returned due to insufficient funds (NSF). I have attached a voided check or savings deposit slip.

Authorized Signature _____ Date: _____

Include a voided check or deposit slip from the account above.