

Harris Private School

Direct Payment Authorization Form

1. Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
2. Fill in your name, financial institution name and location, and date.
3. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number.

Note: Be sure to sign the Form!

Please complete the information below.

I authorize **HARRIS PRIVATE SCHOOL** to initiate electronic debit (or credit, if needed) entries to my:

_____ checking account (or) _____ savings account

for payment of my **CHILD'S TUITION**.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. **This authority will remain in effect until I have cancelled it in writing.**

Date _____

FINANCIAL INSTITUTION NAME (PLEASE PRINT) _____

ACCOUNT NUMBER AT FINANCIAL INSTITUTION _____

FINANCIAL INSTITUTION ROUTING NUMBER _____

FINANCIAL INSTITUTION CITY AND STATE _____

SIGNATURE _____