



Authorization Agreement for Pre-Authorized Automatic Electronic Payments (Debits)

This authorization is for all fees owed including, but not limited to Transportation, Extended Day and Summer Programs.

Student(s) tuition to be paid by monthly debits listed below:

Please enclose a voided check from the account in which you want us to withdraw funds.

Student ID #	Student's Name (Please print clearly)	Grade

BANK NAME _____ CITY _____ STATE _____

I (we) hereby authorize Fairmont Private Schools to initiate debit entries and to initiate if necessary credit entries and adjustments for any debit entries in error to my (our) checking/savings account indicated below. This authority is to remain in full force and effect until BANK has received written notification from me (or either of us) of its termination in such time and in such manner as to afford BANK a reasonable opportunity to act on it, or until BANK has sent me (or either of us) ten (10) days written notice of BANKS termination of this arrangement.

Name on Account (print) _____ Daytime Phone # _____

Signature _____ Date _____