

Sanborn Christian School
Tuition Payment Plan
Direct Deposit

11 month plan August thru June
 9 month plan September thru May
 other plan approved by finance committee

Request for automatic Withdrawal of tuition:

I authorize Sanborn Christian School
to transfer \$ _____ on the 10th and/or the 20th of the month from:

Account Number: _____ Routing No. _____

Account Title: _____ Savings _____ Checking _____

Financial Institution: _____

The parent may end this agreement by giving written notice and allowing
Sanborn Christian School reasonable time to respond to the request.

Parent Signature: _____

Date: _____