

Sanborn Christian School

405 West 2nd Street
Sanborn, IA 51248-0546
712-729-3288 FAX 712-729-3289
E-mail: sanchr@sanbornchristian.com

EDUCATING UNDER GOD'S WORD FOR SERVING GOD IN HIS WORLD

The fear of the LORD is the beginning of knowledge. Proverbs 1:7

Tuition Payment Plan - Direct Withdrawal

- _____ 12 month plan (July through June - 1st payment due at registration)
- _____ 11 month plan (August through June)
- _____ 9 month plan (September through 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 20th of the month from:

Account number: _____ Routing number: _____

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: _____