Direct Debit Authorization

We are pleased to be able to offer you a new payment convenience – Direct Debit. Now you can have your monthly charge automatically withdrawn from your checking or savings account on its due date. And you don't have to change your present banking relationship to take advantage of this service.

Direct Debit will help you in many ways.

- It saves checks written for bills
- It saves money for envelopes and stamps
- It eliminates the possibility of lost, stolen or forged checks
- The money is withdrawn on the date agreed – no earlier and no later
- It means you pay your tuition bill even if you're on vacation or too busy to do your bills

Here is how Direct Debit works:

On the 10th of the month when your tuition payment is due, we will electronically withdraw the agreed upon amount from your accounts. The amount of the debit will appear on your bank statement with a description of who withdrew the amount.

We believe you will like the added convenience of having your tuition automatically withdrawn for you. Direct Debit is safe, convenient and easy. To take advantage of this service, complete the authorization section below and return it to the school office.

The authorization section of the form below, gives Hope LHS and your financial institution authority to debit your bill from your account. In order to take advantage of Direct Debit, simply complete the authorization below.

All you need to do is:

1. Mark the box before type of account to indicate whether your bill will be withdrawn from your checking or savings account.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. This must be a voided check, not a deposit slip.

NOTE: Be sure to sign the form! Thank you!

AUTHORIZATION-Please fill out and return to the Hope Office.

I authorize you and the financial institution listed below to initiate electronic debit entries, and if necessary, credit entries and adjustment for any debit entries in error to my: ☐ Checking Account ☐ Savings Account

On the **10th** day of each month, beginning with **August** please deduct $_____.

This authorization cannot be revoked without written request and approved by the Company.

_____ Financial Institution

_____ Name (Please Print)

_____ Branch

_____ Account Number at Financial Institution

_____ City

_____ Signature Date

Transit Routing Number

Account Number Information