** ***Staple voided check for checking or bank verification for savings here.***

____ I am currently signed up for Direct Payment and have no changes. (Please sign and return with application.)

____ Yes, I plan to use Direct Payment. (Fill out all information below and return with application.

Authorization for Electronic Debit Payment

I authorize KINGSWAY CHRISTIAN SCHOOL and First Merchants Bank to initiate Electronic Tuition Debits from my:

Please Circle account type: Checking or Savings

Please Circle the date to be deducted: 5th or 20th

This authority will remain in effect until I notify Kingsway Christian School in writing to cancel it in such time as to afford Kingsway Christian School and the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying Kingsway Christian School and my financial institution 5 days before my account is charged.

_____ _____

Name Signature Date

_____

Financial Institution Name

_____ _____

Financial Institution Account Number Routing Transit Number

Students: _____

_____

_____

_____

C:\Users\rbrinker.KINGSWAYSCHOOL\Desktop\Office\New Electronic Debit Authorization.doc