AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I HEREBY AUTHORIZE **Covenant Christian High School** (THE COMPANY) to initiate debit entries to my (our) checking/savings account at the financial institution (THE DEPOSITORY) listed below. This authority will remain in effect through the month of May or until THE COMPANY is notified by me in writing to cancel it in such time as to afford THE COMPANY and THE DEPOSITORY a reasonable opportunity to act on it.

Do NOT write "SAME AS LAST YEAR" on this form because information from the previous year is not kept on file and amounts change year to year.

CUSTOMER INFORMATION – PLEASE PRINT	
Account Holder Name(s)-(print)	
Social Security Number	
FINANCIAL INSTITUTION INFORMATION	
Bank Name	
Bank Transit Routing Number	
Account Number	
Account Type	Checking ☐ Savings ☐

PAYMENT INFORMATION

Amount of Payment*	**$**
Schedule	First business day of each month from September 1 through May 1

ACH Payment Chart Below:

Child(ren)	2025-26 Tuition	10%		Textbook & Chromebook Fee		Payment #1 Due July 10		Sept. 1-May 1 *ACH Payment
1	$ 8,350.00	$ 835.00	+	$ 100.00	=	$ 935.00		$ 835.00
2	$ 14,610.00	$ 1,461.00	+	$ 200.00	=	$ 1,661.00		$ 1,461.00
3	$ 18,795.00	$ 1,879.50	+	$ 300.00	=	$ 2,179.50		$ 1,879.50
4	$ 22,960.00	$ 2,296.00	+	$ 400.00	=	$ 2,696.00		$ 2,296.00

Signature _____ Date _____

Phone: _____ *(Complete ALL Areas)*