

**Episcopal High School**  
**Authorization Agreement for Direct Payments (ACH Debits)**  
**For Student Account Charges and Monthly Billing Payments**

**Student Account Charges: (All Students)**

The outstanding balance on each student account is paid by ACH debit on the **15<sup>th</sup> of each month**. An itemized statement of school charges will be available online through the EHS website at the beginning of each month. Parents are responsible for checking their student's balance each month.

**Monthly Payments for Tuition and Fees: (Monthly Billing Students Only)**

All Monthly Billing students will make monthly payments for tuition and fees by ACH debit beginning in July 2019 and ending in April 2020. The Business Office will mail notification of the exact amount of this ACH debit before the first debit in July 2019. Please select your preferred date of payment.

- I choose to make my monthly payment by ACH draft on the 5<sup>th</sup> of each month.
  - I choose to make my monthly payment by ACH draft on the 20<sup>th</sup> of each month.
  - Not applicable – I have selected Pay in Full and will pay tuition and fees in full by June 28, 2019
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I (We) hereby authorize EPISCOPAL HIGH SCHOOL, hereinafter called EPISCOPAL, to initiate debits to my (our) [  ] **checking** or [  ] **savings account (select one)** indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Financial Institution's Name \_\_\_\_\_  
Financial Institution's Address \_\_\_\_\_  
Your bank account number \_\_\_\_\_  
ABA Transit/Routing Number (9 digits) \_\_\_\_\_

Please verify the information above with your financial institution.  
**Attach a voided check to this authorization.**

_____ Print Individual Account Holder's Name	_____ Print Second Account Holder's Name
_____ Signature: Student Account Payment Authorization	_____ Signature: Student Account Payment Authorization

Student's Name \_\_\_\_\_

This authority is to remain in full force and effect until EPISCOPAL and FINANCIAL INSTITUTION have received written notification from me (or either of us) of its termination in such time and manner as to afford EPISCOPAL and FINANCIAL INSTITUTION a reasonable opportunity to act on it. Any change in Financial Institution or Account Number should be reported to the EHS Business Office at least one week before the scheduled ACH Debit.