

**LUTHERAN HIGH SCHOOL ASSOCIATION**

**131 BROOKVILLE ROAD  
BROOKVILLE, NY 11545  
516-626-1700 X 542      516-626-1773 (FAX)**

**Automatic Payment from Checking Account Authorization Form**

I would like to enjoy the convenience of paying my child(ren)'s tuition through automatic billing deductions from my checking account. Upon approval, LuHi will automatically deduct payment from my checking account for amounts due. I understand that I may cancel this automatic payment authorization at any time by notifying Lutheran High School Association in writing at the above address. If for some reason, payment is declined, a charge of \$30 will be added to any amounts due.

_____	_____
Student's Name	Bank Transit Routing/ABA number
_____	_____
Home Phone	Account Number
_____	_____
Name as it appears on account	Bank Name
_____	_____
Address ( Street, Apt #)	Bank Address
_____	_____
City, State, Zip	Signature

Please bill my regular (monthly) charge of \$ \_\_\_\_\_ to my checking account listed above on the last day of each month beginning \_\_\_\_\_.

This authorization is valid until \_\_\_\_\_. At the expiration of this agreement, I will be given the opportunity to renew my authorization.

**A VOIDED CHECK MUST BE ATTACHED TO THIS FORM**

\_\_\_\_\_  
Signature of responsible party