

Automatic Bank Draft Authorization Form

Please complete the following information.

Child(ren) Name(s): As shown on North Star Academy Enrollment Form

Bank Account Information:

Name(s) listed on account: _____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Daytime Contact Phone: () _____ - _____ **Evening Contact Phone:** () _____ - _____

Bank Name: _____ **Account Number:** _____

Account Type: Checking [] Savings [] **Weekly Tuition Amount to be Drafted:** \$ _____

Attach a voided check here.

Acknowledgment:

- I understand that the North Star Academy will draft my account on the Monday or first business day of the week when tuition is due.
- I authorize the North Star Academy to debit in the amount listed above including any previous balances and fees from prior weeks from the account indicated above.
- I understand that I may withdraw from the automatic bank draft plan by providing written notice at least 14 days prior to the next bank draft and that the North Star Academy may terminate the automatic bank draft plan or my participation in the plan at any time.
- I understand that my bank account information will be used only for the purpose of setting up my automatic payment to the North Star Academy and that all my information will be kept strictly confidential.

Signature of Bank Account Holder: _____

Date: _____