



Automatic Electronic Payment Program

Student Name: _____ **Student Grade:** _____

Name on account: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

To participate in the Automatic Electronic Payment Program, please attach a voided check below and authorize withdrawals by your signature below.

voided check here

I/we authorize automatic electronic payment of each installment when due from the bank account I/we have designated via the enclosed voided check.

Signature: _____ **Date:** _____