

**AUTOMATIC TUITION PAYMENT CONTRACT**

August 1, 2016-May 1, 2017

I authorize Alpine Academy of Rockford, through its bank, to establish automatic payments from my bank account as identified in Section 2 of this agreement. I understand that if money is not available in my account on the day of every withdrawal of payment, a "missed payment" fee of \$25.00 will automatically be assessed to my bank account.

**SECTION 1: PERSONAL INFORMATION (Must be completed)**

Payer Name: \_\_\_\_\_

Payer Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**SECTION 2: BANK INFORMATION (All participants must complete this section)**

Bank Name: \_\_\_\_\_

Type of Account (*Select one*):    Checking Account  **OR**    Savings Account

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

*Note: For savings accounts, please check with your bank to be certain that automatic payments can be withdrawn*

Please attach a voided check for payments that will be deducted from a checking account. If you are withdrawing from a savings account, the routing number must be written in the space provided. A deposit slip is not acceptable.

**SIGNATURE REQUIRED**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_