



2020-21 AUTOMATIC TUITION WITHDRAWAL AUTHORIZATION

Oostburg Christian School

Name of Account Owner:	Home Phone Number:
Address of Account Owner:	Type of Account:
	Checking / Savings
	Account Number:
Name and address of Financial Institution:	
Routing Number of Financial Institution:	
Request/Instructions:	
As owner of the above referenced account, I authorize Oostburg Christian School to make withdrawals against my account for monthly tuition.	
Standard Monthly Charge: _____	
Standard Monthly charge may be adjusted down in any given month due to credits on the account including SCRIP without notification. The Account owner will be notified if a payment amount needs to increase.	
Signature of Account Owner:	Date Signed:
Office Notes:	