

# Topeka Collegiate School

## Auto-Debit Authorization

### Authorization Agreement

By filling out this form I am authorizing a regular scheduled withdrawal from my bank account. These withdrawals will be automatically processed on the day listed below. In the case that the day falls on a holiday or weekend the withdrawal from the bank account will fall on the prior business day. This agreement will remain in effect until **Topeka Collegiate School** receives written notice of cancelation from me or my financial institution, or until I submit a new auto debit form to Topeka Collegiate School

### Account Information

Parent Name: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_ Branch \_\_\_\_\_

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

Name on Account: \_\_\_\_\_

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

Account Number: \_\_\_\_\_  Checking  Savings

### Authorization for Auto-Debit

I authorize **Topeka Collegiate School** to debit \$\_\_\_\_\_ from the above referenced checking/savings account on the 1st or 15<sup>th</sup> (circle one) of each month beginning \_\_\_\_\_. The authority will remain in effect under the terms of the enrollment agreement or until I notify **Topeka Collegiate School** in writing to cancel allowing the financial institution a reasonable opportunity to process the request. In the event of an error, please notify **Topeka Collegiate School**.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please Revoke Auto-Debit

Effective Date: \_\_\_\_\_

Either return to office or fax to: 785.228.0504

Please keep a copy for your records