



**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, weekend, or when school is not in session, the withdrawal from the bank account will fall on the next business day. This agreement will remain in effect until Topeka Collegiate School receives written notice of cancellation from me or my financial institution, or until I submit a new auto-debit authorization to Topeka Collegiate School.

Account Information

Parent Name: _____

Name of Financial Institution: _____

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

Name on Account: _____

Routing Number: _____ **Account Number:** _____

Checking _____ **OR** **Savings** _____

A CANCELED CHECK or DEPOSIT SLIP MUST BE ATTACHED TO THIS AUTHORIZATION

Authorization for Auto-Debit- I authorize Topeka Collegiate School to debit the balance due on my school account from the above-referenced checking/savings account on the **1st or 15th (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: _____

Please keep a copy of this Authorization for your records.