



Gaston Christian School
 1625 Lowell-Bethesda Road
 Gastonia, NC 28056 (704) 349-5020
www.gastonchristian.org

**TUITION PAYMENT BY BANK DRAFT
 2012-2013**

THIS IS MY AUTHORIZATION TO **GASTON CHRISTIAN SCHOOL, INC.** ID#56-1244158

TO AUTOMATICALLY DEBIT MY () CHECKING () SAVINGS ACCOUNT _____
Complete Account Number

AT THE _____ BRANCH OF _____
Branch *Financial Institution*

IN _____
City *State & Zip*

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if, within 15 calendar days following the date on which I was sent a statement of account or a written notice of such entry of 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is in error, and requesting credit back to my account.

THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE.

Name (please print) *Date*

Signature

Students' Names

PLEASE ATTACH A VOIDED CHECK

Accounts will be drafted on the third day of the month.
PLEASE NOTE: THIS FORM IS TO BE COMPLETED ONLY IF YOU DESIRE TO HAVE YOUR TUITION PAYMENTS DRAFTED DIRECTLY FROM YOUR BANK ACCOUNT FOR THE 2012-2013 SCHOOL YEAR.

THIS FORM SHOULD BE RETURNED TO THE BUSINESS OFFICE BY MAY 15, 2012.