# ONTARIO CHRISTIAN SCHOOL

931 W. Philadelphia St., Ontario, CA 91762 (909) 983-4644

## Automatic Payment Plan Application Form

Complete the information below. All applications must attach a voided check from the account you want debited.

**PLEASE PRINT THE FOLLOWING INFORMATION:**

NAME_____

ADDRESS_____

CITY_____ STATE_____ ZIP_____

PHONE (_____) _____ WORK (_____) _____

Family name payment is being made for if different than above:_____

**PLEASE INITIAL THE TRANSACTION DATE OF YOUR CHOICE:**

_____ 4th Day of the Month _____ 19th Day of the Month

I hereby authorize an automatic debit on the account designated below for:

Amount: $_____ _____ monthly (_____ 2006 thru _____ 2007)
_____ quarterly (July, October, January and April)
_____ semi-annually (August and January)
_____ annually (September)

Total amount to be drafted: $_____

I understand that checks/drafts returned for non-sufficient funds (NSF) will be assessed a return fee of $10.00.

_____ _____
SIGNATURE DATE

**BANK NAME _____**

**BANK ROUTING # (9 digits) |:__ __ __ __ __ __ __ __ __ |:**

**ACCOUNT # __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __**

**PLEASE ATTACH YOUR VOIDED CHECK TO THIS FORM**