



The Lutheran High School of Kansas City

Tuition Payment Agreement – ACH payment plan

Student Name(s) (PRINT): _____

Parent/Guardian (PRINT): _____

Please have my (our) payments made on (you may also choose a combination):

_____ 1st of the month

_____ 15th of Month

_____ every other Friday—beginning June 1, 2022

Debit Authorization: I (we) hereby authorize Lutheran High School of Kansas City, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account beginning JUNE of current year and each ACH period selected. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of the U.S. Law. This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Financial Institution: _____ Branch: _____

Address/City/State/Zip: _____

Routing #: _____ Account #: _____ Checking _____ or Savings _____

Name as appears on account (PRINT): _____

Signature: _____ Date: _____

Please staple a VOIDED check to bottom or back of this form verifying your account information.