

Cypress Christian School

11123 Cypress N. Houston Rd., Houston, TX 77065

Phone: 281.469.8829 Fax: 281.469.6040

AUTHORIZATION FOR AUTOMATIC ACCOUNT DRAFT

School Name: Cypress Christian School ("CCS")

I (we) authorize CCS to debit the account indicated below in the amount of my monthly billing statement. I understand I will continue to receive my monthly billing statement for my records and it is my responsibility to contact CCS within five (5) business days of receipt of my statement if I question any of the charges included in the balance due. Any necessary adjustments will be made in a timely manner.

I (we) understand that the debit will be made on the 3rd of each month, unless such date is a Saturday, Sunday or other bank holiday, in which case CCS will debit my account on the next banking day. I understand that in the event that funds are not available to meet the debited amount for any reason, CCS will assess a fee in accordance with its current policy. I also understand that CCS will not be responsible for any overdraft or other bank fees assessed on my bank account in conjunction with this draft.

I understand that my CCS monthly billing statement, together with this authorization form, will be notice of the amount and the date of each withdrawal from my account.

I understand that my bank account information will be used only for the purpose of setting up my automatic payment to CCS and that CCS will keep my bank account information confidential.

Checking Account No. _____ or

Savings Account No. _____

Financial Institution's Name _____

Financial Institution's Address _____

For Checking Account Drafts - Attach a voided check below
For Savings Account Drafts – Attach a savings deposit slip below

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(Required - for Joint Accounts)

Signature _____ Signature _____

Name (as shown on Acct.) _____ Name (as shown on Acct.) _____

Address _____ Address _____

Date _____ Date _____

Telephone No. _____ Telephone No. _____

For CCS Use		
Received _____	Acct. Created _____	1 st Draft Date _____