

# Hawthorne Valley School 2011-2012 Automated Withdrawal Authorization

Account holders name: \_\_\_\_\_

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Account # \_\_\_\_\_

Bank routing # \_\_\_\_\_

I authorize an automatic monthly withdrawal from the account listed above beginning in July 2011 and ending in April 2012. I choose to have the withdrawal occur according to one of the following options:

\_\_\_ the 3<sup>rd</sup> day of each month

\_\_\_ the 15<sup>th</sup> day of each month

\_\_\_ the 26<sup>th</sup> day of each month

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please attach a voided check.**

**For office use only.**

Amount of HVS total tuition and fees \$ \_\_\_\_\_

Amount of monthly withdrawal \$ \_\_\_\_\_

Tuition Refund Insurance fee \$ \_\_\_\_\_ to be billed separately in October 2011.

Signature of Hawthorne Valley School official \_\_\_\_\_ Date \_\_\_\_\_

In the event of insufficient funds a \$20 overdraft fee will be charged.  
A signed copy of this agreement will be returned to you with a copy of your school contract.