



Catlin Gabel

AUTHORIZATION FOR DIRECT PAYMENT PLAN

I authorize The Catlin Gabel School to initiate withdrawals from my account at the financial institution named in this application for payment of my Catlin Gabel School monthly bills. This authorization will remain valid until revoked by me, The Catlin Gabel School, or my financial institution.

I can suspend payment of a monthly bill or discontinue my participation in the Direct Payment Plan by notifying The Catlin Gabel Business Office at any time prior to 4:00 p.m. three business days before the payment is scheduled to be deducted from my account.

I understand that the Direct Payment Option is an alternate method of payment only and does not otherwise affect my rights or the rights of The Catlin Gabel School or my financial institution with respect to each other. I further understand that The Catlin Gabel School and my financial institution reserve the right to terminate the Direct Payment Plan and /or my participation in the Plan.

Please check one option below:

- Please deduct the entire monthly balance from my account on the 5th day (or next business day) of the month following each billing statement.
- Please deduct \$ _____ from my account starting on the 5th day (or next business day) of the month of _____ 20__ and ending on the 5th day of the month of _____ 20__. This authorization form is valid for payments that I may schedule on future dates.

Parent's Name(s): _____

Student's Name: _____

Authorized Account Holder signature Date

Joint Account Holder Signature Date

BANK INFORMATION – ATTACH A VOIDED CHECK

Return to Catlin Gabel Business Office, 8825 SW Barnes Rd, Portland, OR 97225

| | |
|-----------------------|--|
| Bank Name | |
| Bank Address | |
| Bank City, State, Zip | |

| | |
|---------------------------|--|
| Routing Number (9 digits) | |
|---------------------------|--|

| | |
|----------------|--|
| Account Number | |
|----------------|--|

