



# Catlin Gabel

forming bold learners

## 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 5<sup>th</sup> day (or next business day) of the month following each billing statement.
- Please deduct \$ \_\_\_\_\_ from my account starting on the 5<sup>th</sup> day (or next business day) of the month of \_\_\_\_\_20\_\_ and ending on the 5<sup>th</sup> day of \_\_\_\_\_20\_\_. This authorization form is valid for payments that I may schedule on future dates.

Parent's Name(s): \_\_\_\_\_

Student's Name(s): \_\_\_\_\_

\_\_\_\_\_  
Authorized Account Holder signature Date

\_\_\_\_\_  
Joint Account Holder Signature Date

*Please retain the second copy of this authorization for your records.*

\*\*\*\*\*

**Bank Information:**

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Routing Number\*: \_\_\_\_\_

Account Number\*: \_\_\_\_\_

*\*For verification purposes, please attach a voided check, not deposit slip*

**Please read, complete and return to the Business Office**