



## Consumer Authorization for Direct Deposit (ACH) Form

Please complete this form and return to Oakhill Day School

7019 N Cherry Street, Gladstone, MO 64118 • P 816.436.6228 • F 816.436.0184 • oakhilldayschool.org

### ACH Debit Consent

I (we) hereby authorize Oakhill Day School to electronically debit my (our) account and, if necessary, to electronically credit my (our) account to correct erroneous debits. *Direct Payment via ACH is the transfer of funds from a consumer's banking account for the purpose of making a payment.*

I (we) agree that ACH transactions authorized comply with all applicable laws. Please debit funds from my (our) depository financial institution named below.

Checking Account /  Savings Account (select one)

Financial Institution \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

Method of Determining Debit Amount(s) *please check all that apply*

All Monthly Charges     Tuition Only     Annual Lunch Charges (if applicable)

Date(s) or Frequency of Debit(s) *Payment dates for late enrollees are determined by the Office of Admissions.*

Single Pay (July 15)

Two Pay (July 15/October 15)

Quarterly (April 15/July 15/October 15/January 15)

Monthly (15th day of each month starting in April and ending in January)

I (we) understand that this authorization will remain in full effect until I (we) notify Oakhill Day School, in writing, that I (we) wish to revoke this authorization. I (we) understand that Oakhill Day School requires at least 20 days prior notice to cancel this authorization.

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

**PLEASE ATTACH COPY/VOIDED CHECK TO THIS FORM**

**Return by mail, email, or fax to the attention of:**

Oakhill Day School  
Office of Admissions  
7019 North Cherry Street  
Gladstone, MO 64118  
Fax: 816.436.0184