

Electronic Transfer Check

for Rehoboth Christian School

Name

Address

Phone

Date of Authorized First Payment:

Month _____
 On 15th or 30th (or first business day thereafter)
 19 _____

Frequency of Withdraw: ___ Monthly ___ Quarterly
 ___ Annually ___ IX payment

This Electronic Form will authorize funds to be withdrawn from my account beginning on the date above.

Pay to the
 Order of: Rehoboth Christian School

Amount of Payment: _____ \$

I hereby authorize my bank to transfer from my account to the account of the payee the amount indicated above. This authorization will remain in effect until I notify the payee in writing. I will receive a record of my payment and it will appear on my regular statement.

Restrictions on Gift:

- ___ Use where most needed, no restrictions
- ___ Student Sponsorship
- ___ Capital Project
- ___ Other

Bank Name _____

Nine Digit Bank # : : Account # _____

Authorized Signature

Please Enclose One Voided Check with the completed Electronic Transfer Check