

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 1X payment

Pay to the
Order of: _____

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funds to be withdrawn from my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

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 # :

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Bank
: Account # _____

Authorized Signature _____

Please Enclose One Voided Check with the completed Electronic Transfer Check