Tuition AutoPay Authorization Form

STUDENT NAME: _____

I authorize **BURIEN COOPERATIVE EDUCATION PROJECT** to electronically debit my bank account according to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States law.

Tuition Payment Terms

Funds will be automatically withdrawn from my bank account in Ten Recurring Monthly Installments (July – April) for the amount due each month. I choose the following withdrawal date:

☐ On the 5th of Each Month
☐ On the 20th of Each Month

(A detailed list of tuition amounts and payment dates will be emailed prior to payments starting.)

Customer Bank Account Information

Customer phone number on file with Financial Institution for this account: (_____)_____

☐   *ATTACH VOIDED CHECK HERE*

(Only one check needed per family)

or

☐   *Use Checking Account Currently on File for AutoPay ending in _____ (last four digits)*

Customer Authorization

This payment authorization is to remain in effect until I notify **BURIEN COOPERATIVE EDUCATION PROJECT** of its cancellation by giving written notice in enough time for the business and receiving financial institution to have a reasonable opportunity to act on it.

_____   _____   _____

Customer Name (printed)   *Customer Signature*   *Date*