PAYMENT AUTHORIZATION

ECS Online Academy

Authorization Agreement for Automatic Bank/Credit Card Withdrawal
I hereby authorize Logos Management Software , Inc. on behalf of Evangelical Christian School, and/or Evangelical Christian School to initiate debit entries to my account indicated below and my bank, named below, on the 1st of each month according to the payment terms specified in the Financial Agreement.

Credit Card (Visa/Mastercard/Discover)

Account Holder: _____ Expiration Date _____

Card Number Security Code

Billing Address: _____ Billing Zip Code: _____

Monthly Tuition Payment $_____ Other Charges: _____All _____Specified

Beginning the Month of _____.

**********OR**********

Direct Debit

Account Holder: _____

Bank Name: _____

Bank Routing Number

Bank Account Number
__ Checking __ Savings

NOTE: **Please attach a voided check or confirmation of bank routing number for direct debit.**

Monthly Tuition Payment $_____

Beginning the Month of _____.

This authority is to remain in full force and effect until Evangelical Christian School and my bank have received written or verbal notification from me of its termination such time and in such a manner as to afford both a reasonable opportunity to act on it.

_____ _____ _____
Payor Signature Date Family ID

_____
Student's Name(s)