

✠ Sunrise Beach School / Sunrise Beach High School ✠

1601 North Street South East Olympia, WA 98501

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AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (RECURRING ACH DEBITS) Full Time Student Tuition Form

This form provides permission for recurring debits. As an authorized signor on the Depository Account presented below, by completing and signing this form you give Sunrise Beach School permission to charge/debit your account for the amount indicated on or after the indicated date.

I (we), _____, as of _____, authorize Sunrise Beach School to initiate debit entries to my (our) bank account as listed below for the full-time tuition of _____ Elementary School Students and the full-time tuition of _____ Middle / High School Students. If I elect to pay this tuition in monthly installments they shall be debited on or after the _____ of the month. I agree to have my account debited _____ I (we) authorize Sunrise Beach School to debit _____ per installment for the aforementioned full-time students tuition. I (we) acknowledge that the application of ACH transactions to my (our) account must comply with all provisions of U.S. law, that I (we) are authorized to initiate debits from the below-listed account, and that this authorization is to remain in full force and effect until Sunrise Beach School has received written notification from me (us) of its termination.

Billing Address:		Phone:	
City, State, Zip:		Email:	

Bank's Name: _____
 Branch's Name: _____
 Bank's City, State: _____
 Bank's Zip Code: _____
 Bank's Routing Number: _____
 Account Number: _____



I acknowledge that a minimum Non-Sufficient Funds (NSF) fee of \$30 may be charged by Sunrise Beach School to me in the event there are insufficient funds available at the time the ACH payment is submitted. I authorize Sunrise Beach School to charge/debit the account indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services/account/invoice described above, in the amount indicated above, to terminate when student is no longer enrolled at SBS. I certify that I am an authorized signor on this Depository Account.

SIGNATURE _____ DATE _____

Please turn in this form by mail or in person at: **1601 North Street SE, Olympia, WA 98501**