

**HICKORY GROVE BAPTIST CHRISITAN SCHOOL  
DEBIT DRAFT FORM**

**SECTION A                      Deduction Authorization 2008-09**

**I understand and authorize a deduction from my bank account on one of the following dates:**

\_\_\_\_\_ **2nd** of each month (No Late Fee)                      \_\_\_\_\_ **11<sup>th</sup>** of each month (No Late Fee)  
\_\_\_\_\_ **16<sup>th</sup>** of each month (with a \$10.00 late fee)

Deductions will occur each month **August – May**, unless HGBCS receives notification of termination.

\$ \_\_\_\_\_ Tuition

\$ \_\_\_\_\_ Activity Fee

\$ \_\_\_\_\_ Before/After School (Averaged with pro-rated months for the year)

\$ \_\_\_\_\_ Bus Fee

\$ \_\_\_\_\_ Late Fee

\$ \_\_\_\_\_ Multiple Child Discount (-)\*\* see below

\$ \_\_\_\_\_ Total/ Per Month

\*\* (Multiple child discount applies to tuition only) 3 or more children – 10% off 3<sup>rd</sup> child, 4<sup>th</sup> etc.

\_\_\_\_\_ I request HGBCS adjust my draft as needed to cover any additional charges should my child / children participate in the Adventure Days offered throughout the year.

\_\_\_\_\_ I will be responsible for making separate payments as necessary if my child/children participate in the Adventure Days offered throughout the year.

**SECTION B**

\_\_\_\_\_ **I would like to resume my debit draft after making the necessary updates of charges for the upcoming school year as indicated above. I confirm that all my banking information remains the same without any corrections.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**HGBCS Family ID**

**SECTION C      To be completed below by New Applicants or those with account changes only.**

Name of Bank \_\_\_\_\_

Transit / Routing #: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account:      \_\_\_\_\_ Checking      \_\_\_\_\_ Savings

**Name (Please Print)** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**HGBCS Family ID**

Work Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

*Please attach a voided check to this application and allow five business days to process requests.*

**RETURN FORM TO: HGBCS Finance Dept. / Attn. Sandra Smith (please do not place in US Mail if completing Section C, bring by school and place in the Payment Drop Box outside the Main School Office or give to Sandra Smith located on the 3<sup>rd</sup> floor of the Main Education Bldg.**