

# Hilldale School

## 2016-17 Tuition Direct Debit Authorization Form

I hereby authorize Hilldale School, LLC, to debit 2016-2017 Tuition payments to which I have agreed in the **Tuition Agreement** directly from the Account indicated below. I also authorize, if necessary, any credit entries and adjustments for direct debit errors. I understand that this authorization may be terminated by either me or by Hilldale School upon 14 days written notice.

**Attach a voided check and return to the school office.**

Name of Student \_\_\_\_\_

Name of Bank \_\_\_\_\_ Branch / City \_\_\_\_\_

Account No. \_\_\_\_\_ Transit (ABA) Routing No. \_\_\_\_\_

I want the direct debit to come from my  Savings  Checking account.

Parent/ Guardian [Account Holder] Name \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_ Dated \_\_\_\_\_

All written communication with Hilldale School related to this authorization should be directed to:

Hilldale School Inc.  
P.O. Box 636  
Salt Lake City, UT 84110  
(801) 359-2000

**ATTACH A VOIDED CHECK HERE**

[A deposit slip is not acceptable]