Business Office

Automatic Tuition Payment Agreement

I authorize 'Iolani School to automatically deduct the statement balance(s) on my child(ren)'s tuition account(s) listed below, and as specified in the *Enrollment Agreement*, from my checking/savings account (select one) indicated below at the financial institution named below, thereby also giving authorization to the financial institution to debit the same to that account on the **25th or next business day** of the statement month.

I understand that this authorization will remain in effect until 'Iolani School has received written notification from me of its termination in such time and in such manner as to afford 'Iolani School and the financial institution a reasonable opportunity to act on it.

In addition, I authorize 'Iolani School to resubmit my payment should funds in my account become insufficient and to assess a $30 NSF fee to my tuition account. I also understand that a $25 late fee will be charged to my tuition account for each month my account(s) remains delinquent.

_____   _____
Student ID Number   Student Name

_____   _____
Student ID Number   Student Name

_____   _____
Student ID Number   Student Name

_____   _____
 Account Holder's Name (as it appears on financial institution records)   My Daytime Telephone Number

_____   _____
Financial Institution (Name of Bank, Savings & Loan or Credit Union)   Branch

Please deduct payment from: _____ Checking Account

                                                _____ Savings Account

_____
Account number

_____   _____
Account Holder's Signature (as it appears on financial institution records)   Date

IMPORTANT NOTE: Attach a blank check marked "VOID" or deposit slip (for savings accounts only) showing the complete account number and financial institution's routing number.

Attach "VOID" check or savings deposit slip