

NORTH NEW SUMMIT SCHOOL
1203 John Pittman Drive
Greenwood, Mississippi 38930
Phone: 662-451-5398
Fax: 662- 451-1150

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

School Year: 2010-2011

Draft Date (Circle One) 1st or 16th

Account Holders Name _____ Home Phone _____

Address: _____ Business Phone: _____

City/State/Zip _____

I hereby authorize NLR: NSS (New Learning Resources, Inc.: North New Summit School) to debit my checking account on the 1st or 16th of each month (Aug. – May) in the amount of _____ or (Aug. – July) in the amount of _____.

FINANCIAL INSTITUTION _____

ABA# (BANK ROUTING #)

CHECKING OR SAVINGS ACCT#

Authorization, Terms and Conditions: By returning the completed Application/ Re-Enrollment form to New Summit School, you authorize the School to automatically debit your checking or savings on the 1st or 16th of each month in the amount indicated above for your child's tuition. This authorization applies to the account shown on the enclosed check, or savings slip and any future account you may designate by calling New Summit School. New Summit School has the right to terminate this payment option at any time. If the draft is returned, you will be required to pay the amount of the bank transaction plus a return fee of \$30.00 in cash or money order. All charges, terms and conditions are subject to change. You understand and agree that New Summit is not liable for erroneous bills or incorrect debits to your account. New Summit is not responsible for any bank fees as a result of this program.

New Summit School reserves the "right to terminate" option if your bank returns your payment and if your bank returns your payment 3 times, you will have to pay the total tuition amount due at that time.

Date _____ SIGNATURE _____

ATTACH VOIDED CHECK OR SAVINGS SLIP HERE