

LOS ENCINOS SCHOOL
17100 Ventura Blvd, Encino, CA 91316 818-990-1006

AUTOMATIC CLEARING HOUSE (ACH) PAYMENT AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT)

I/we _____ (Payer) authorize Los Encinos School to deduct payments from my/our financial institution account. Payer understands that if Payer has multiple students at the school, the ACH/EFT payments may be combined (if paid from the same bank account).

For unscheduled deposits, student billing accounts and other amounts due:

Payer understands that unscheduled payments for balances due will be withdrawn from the listed bank account upon receiving confirmation from the Payer by email at NPennington@losencinoschool.org. Payer understands that if there is still an unpaid balance due on the student billing accounts at the end of the school year, or upon withdrawal from the school, whichever comes first, full payment will be withdrawn from the account even if confirmation has not been received from the Payer.

For Installment Payment Plans for Tuition & Fees:

Payer understands that tuition and fees for Installment Payment Plans will be automatically be withdrawn from the listed bank account according to the schedule below:

_____ total installments on the _____ day of the month for the following months *(indicate month, year and amount of each payment according to the payment plan schedule)*:

Payer understands that if the designated day of the month occurs on a weekend or holiday, the withdrawal will occur the business day immediately preceding the designated day.

Payer understands that the amount of each payment will be the amount(s) designated in the payment plan selected or other amount listed as part of a customized payment plan.

Payer understands that If we still have a balance due after May 6 of the school year, payments will continue to be withdrawn from said bank account until the balance is paid in full.

Student Name(s): _____

Bank Account number: _____

Home Address: _____

Bank Routing number: _____

Daytime phone: _____

Account holder/Payer: _____

Name of Bank: _____

Signature: _____

Date: _____

ATTACH A VOIDED CHECK OR OTHER CONFIRMATION THAT THE ACCOUNT NUMBER PROVIDED BELONGS TO THE ACCOUNT HOLDER(S) NAMED ABOVE AND RETURN TO NPennington@LosEncinosSchool.org OR BY HARD COPY TO THE LOS ENCINOS SCHOOL BUSINESS OFFICE.