



Granada Islamic School
 3003 Scott Blvd.
 Santa Clara, CA 95054
 Phone (408)980-1161
 Fax (408) 980-1120

Direct Payment Authorization

For Office Use Only

Family ID# _____

Rec'd By _____

How it works

You authorize regularly scheduled payments to be made from your checking account. Your payments will be made automatically between the 1st and 5th working day of each month. Proof of payment will appear on your bank statement. The authority you give GIS to charge your account will remain in effect until you notify us in writing to change or terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before payment date. The GIS Direct Payment Plan is dependable, flexible, convenient and easy.

Please complete this authorization form and return it to us.

All you need to do is:

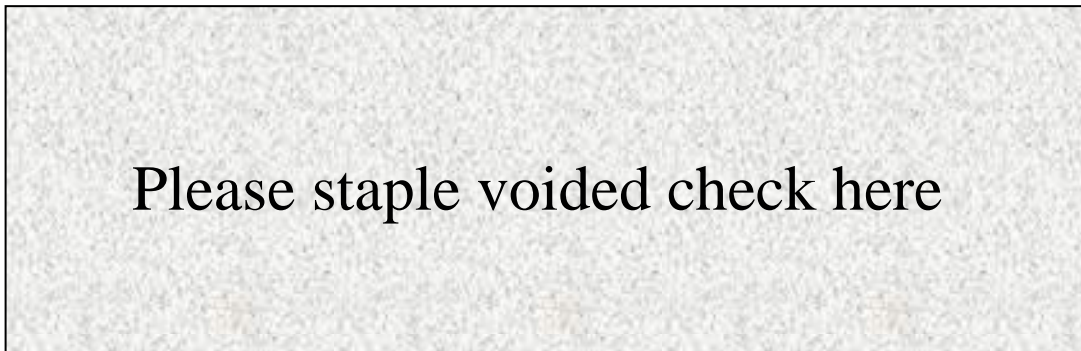
1. Fill in your name, financial institution name and location and date.
2. Attach a voided check for verification of all financial institution information.

NOTE: Be sure to sign the form!

Payment Schedule:

Month	Payments	Month	Payments	Month	Payments
July	Tuition (ACH Starts)	Nov.	Tuition	Mar.	Tuition
Aug.	Tuition	Dec.	Tuition	Apr.	Tuition (ACH Ends)
Sept.	Tuition	Jan.	Tuition	May	Tuition (Only If approved)
Oct.	Tuition	Feb.	Tuition & Volunteer Fee	June	Tuition (Only If approved) & Volunteer fee

Please note: **Extended Care** payments will be taken on the same schedule as tuition.



AUTHORIZATION FOR DIRECT PAYMENT: 2019-20

I authorize GRANADA ISLAMIC SCHOOL to initiate electronic debit entries to my checking account for payment of my Tuition, Extended Care (if applicable) and Volunteer fees. I understand that this authorization will remain in effect until I have cancelled it in writing and that I will need to allow a reasonable amount of time for processing (normally 10 days). I understand that I will receive a notice only if the amount is other than that shown on the Financial Agreement. I acknowledge that the origination of Automatic Clearing House (ACH) transactions to my account must comply with the provisions of U.S. law.

Use banking information on file from 2018-19 (current families only)

Financial Institution Name (Please Print) _____

Account Number at Financial Institution _____

Financial Institution Routing/Transit Number _____

Financial Institution City and State _____

Begin using this banking information effective (date) _____

Signature _____ Date _____

Print Full Name of Signer(s) _____