



Direct Debit Payment Authorization Form

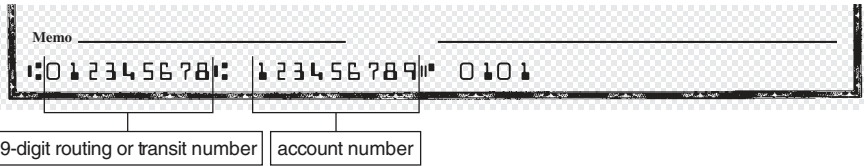
I (we) hereby authorize Challenger School to initiate entries from my (our) account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions debited in error. I (we) understand that the authorized debit amount is based on established tuition rates. Amounts will be debited on the seventh day of each month or the first banking day thereafter, if the seventh is not a banking day. I (we) acknowledge that the origination of these transactions to my account must comply with the provisions of U.S. law.

Account Holder

Last name	First name	Telephone	
Address	City	State	Zip code

Financial Institution

Institution name	Branch	Telephone	
Address	City	State	Zip code
Routing or transit number	Account number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings* Account type (select one)	



**To debit a savings account, please contact your financial institution to obtain a correct routing number.*

Please submit this completed authorization **with a voided check** from the listed account to Challenger School. If it becomes necessary to change accounts, you will need to complete another authorization form.

This authorization is to remain in effect until Challenger School has received written notification from me (us) of termination in such time as to afford Challenger School and my (our) financial institution a reasonable opportunity to act on it.

I am a duly authorized check signer on the listed account and authorize all of the above with my signature below.

X Signature	Date
-----------------------	------

For School Use <input type="checkbox"/> Replaces an existing authorization.	Challenger Account # _____
---	----------------------------