

**LEESBURG CHRISTIAN SCHOOL**  
21336 Evergreen Mills Rd. Leesburg, VA 20175

**Direct Payment Enrollment Form (Recurring)**

To enroll in the Direct Payment program, please complete all sections below, sign the authorization section and return this form **with a voided check** to Leesburg Christian School. If you have questions, contact 703-777-4220.

**Name and Address Information**

Name		Phone Number
Address		
City	State	Zip

**Bank Account Information**

Bank Name		
Bank Address		
City	State	Zip
Bank Routing Number	Account Number	

**Payment Information**

Payment Amount each Period	Beginning Payment Date	Number of Payments
Payment Frequency <div style="text-align: center;"><input type="checkbox"/> Monthly    <input type="checkbox"/> Twice a Month    <input type="checkbox"/> Bi-Weekly    <input type="checkbox"/> Weekly</div>		

**Authorization**

I/We authorize **Leesburg Christian School** to initiate debit entries to my/our (select one) ☐ Checking or ☐ Savings account listed above. If any item is returned unpaid, I/we authorize an additional returned check fee of the maximum amount as allowed by the state to be charged to this account.

This authorization is to remain in full force and effect for these payments until **Leesburg Christian School** has received written notification from me/us of its termination, in such time and manner as to afford them and their Financial Institution reasonable opportunity to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (printed)

*Please remember to attach a voided check to this authorization*