



# Trinity Lutheran Christian School

EST. 1960 • *Headmaster* John H. S. Austin

*A Harford County Christian School for the 21st Century Student*

## Trinity Lutheran Early Learning Center Direct Debit Program – Enrollment Information

Thank you for expressing an interest in Trinity Evangelical Lutheran Church (“Trinity Lutheran Early Learning Center”) Direct Debit Program. The biweekly child care fee will be deducted from your checking or savings account.

### How Does the Direct Debit Program Work?

To start, you must authorize Trinity Lutheran to debit your checking or savings account biweekly (every other Friday) by completing an enrollment form. Every other Friday, the amount of your debit will automatically be deducted from your checking or savings account. This automatic debit will be recorded on your bank statement just like a check or savings withdrawal. If the due date falls on a weekend or a holiday, your debit will be deducted from your account on the following business day.

### It’s Easy to Enroll

To enroll in the Direct Debit Program, follow these three steps:

1. Write “Void” across one of the checks from your checking account. If you wish to make your debit using your savings account, please obtain the account number and ABA number from your financial institution and include that information on the enrollment form.
2. Please read the enrollment form and indicate your biweekly debit. Please sign and date the enrollment form.
3. Please mail the enrollment form to Trinity Evangelical Lutheran Church, 1100 Philadelphia Road, Joppa, MD 21085, Attention: Finance Office or place in the drop off box.

Your enrollment in the Direct Debit Program and the amount of your debit will be confirmed in writing prior to the first electronic transaction.

## Additional Information

***If you have any questions regarding the Direct Debit Program, please contact the Finance Office, at 410-679-4000, extension 121. If you change your bank or bank account number, please contact the Finance Office to update this information immediately.***

Contact your financial institution to determine if any additional charges for electronic ACH debit will apply to your account and ask how the debit transaction will be described on your account statement. If you have chosen to have your debit deducted from your savings account, please verify with your financial institution if there are any limitations on recurring debits. Some financial institutions may assess penalties for multiple debits on certain types of savings accounts.

If you wish to cancel participation in the Direct Debit Program, please provide written notice to Trinity Evangelical Lutheran Church, 1100 Philadelphia Road, Joppa, MD 21085, Attention: Finance Office. Trinity Lutheran requires at least ten (10) days notice to cancel participation in the Direct Debit Program.

If a transaction is refused by your financial institution for any reason including insufficient funds, closed or unauthorized account, Trinity Lutheran will not be able to process your debit. Trinity Lutheran may collect the debit by sending an electronic debit any time within twenty (20) days of the original debit. If an electronic debit is returned a second time, Trinity Lutheran may terminate your participation in the Direct Debit Program.

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## Direct Debit Program Authorization Agreement for ACH Debits – Enrollment Form

**Parents Name:** \_\_\_\_\_ **Student Name/Grade:** \_\_\_\_\_

**Parent Address:** \_\_\_\_\_ **City, State, Zipcode:** \_\_\_\_\_

**Biweekly:** \$ \_\_\_\_\_

I (we) authorize Trinity Evangelical Lutheran Church (“**Trinity Lutheran Early Learning Center**”) to automatically debit my (our) account biweekly (every other Friday) beginning \_\_\_\_\_ for our financial commitment Trinity Lutheran as indicated on this enrollment form. I (we) understand that Trinity Lutheran reserves the right, upon written notification, to terminate my (our) participation in this program. My (our) participation in this program is subject to approval by Trinity Lutheran. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. Please complete all information.

**Financial Institution Name:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Financial Institution R/T #** \_\_\_\_\_  
(Must be 9 digits, ex: 052001633)

**Account Type (Circle One):**                      **Checking**                      **Savings**

**Important:**

1. If you selected Checking Account Type, attach a voided blank check.
2. If you selected Savings Account Type, please have your financial institution verify the Routing and Transit (R/T) and Account Numbers.

This authorization is to remain in full force and effect until Trinity Lutheran has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Trinity Lutheran a reasonable opportunity to act on it.

Account Name: \_\_\_\_\_  
(Please Print)

Joint Account Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Primary ID Number: \_\_\_\_\_