



Deposit Payment Form

Date _____

Family Name _____ Name of Child _____

Mother's Name _____ Father's Name _____

Address _____

Phone (Daytime) _____ (Evening) _____

E-mail _____ Grade (Sept. 2024) _____

Please check your selected payment option

- Annual plan:** Annual payment plan - One annual payment by direct withdrawal of Sulam tuition and fees on or before July 30th, 2024
- Two payment plan:** Two payment plan - Two payments by direct withdrawal of Sulam tuition and fees; 1/2 of tuition by August 5, 2024 and the remaining balance by December 5, 2024.
- Ten payment plan (1):** Ten payment plan (1) - Ten monthly payments by direct withdrawal of Sulam tuition and fees beginning on August 5, 2024 and continuing on the 5th of every month through May 5, 2025.
- Ten payment plan (2):** Ten payment plan (2) - Ten monthly payments by direct withdrawal of Sulam tuition and fees beginning on August 20, 2024 and continuing on the 20th of every month through May 20, 2025.

I (we) hereby authorize Sulam, Inc. to initiate debit entries to my (our) Checking or Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

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

Signature Parent/Guardian

Date

NOTE: DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Please return this form with a voided check and signed Terms, Conditions and Fulfillment of Financial Obligations Form.

For Office Use Only

Date received: _____

Complete Registration: Y N