

**CRESCENT ACADEMY
INTERNATIONAL**

AUTOMATIC TUITION PAYMENT FORM

Name (Please Print) _____ Phone () _____

Address _____

Name of Bank _____

Account No. _____ Routing No. _____

(Or attach a deposit slip or voided check)

Is this a savings or checking account? (please check one box) Savings Checking

MONTHLY TUITION DEDUCTION: \$ _____ # of Deductions _____

I authorize Michigan Education Council to draw a monthly check from my account for the amount stated above, and if any such check is dishonored with or without cause, intentionally or inadvertently, my bank shall be under no liability whatsoever. I understand that this **form must be resubmitted for each school year to continue tuition deductions** after the above payments are completed.

SIGNATURE _____ DATE _____