

# AdventistSchoolPay

## School Enrollment Agreement

Fax: 866-424-0956

Email: Help@AdventistSchoolPay.org

We, the undersigned, give permission for the North American Division of Seventh-day Adventists (AdventistSchoolPay) to collect tuition, fees and donations for the following school, to be deposited in the specified account. By signature we verify the information as true and correct.

### **School**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### **Bank**

Name: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

**\* Please attach a copy of your voided check. It is required for verification.**

### **School Principal**

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

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

Email: \_\_\_\_\_

### **School Treasurer**

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

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

Email: \_\_\_\_\_

### **Conference Officer** (Required only for conference-operated schools such as boarding academies)

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

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

Conference: \_\_\_\_\_

Email: \_\_\_\_\_