Gahanna Christian Academy
Financial Account Withdrawal Authorization

I/We hereby agree to Gahanna Christian Academy drawing funds from our financial account for payment or tuition, food service, extended care, and/or other fees incurred by our students enrolled at Gahanna Christian Academy or Gahanna Christian Pre-School during the 2010/2011 school year.

Parent/Guardian Name (Please print) _____

Parent/Guardian Signature _____

Date Signed _____

Student Name _____

Please complete this section OR attach a voided check below.

Financial Institution Name _____

Routing Number | | | | | | | | | | | | | | | | | | |

Account Number | | | | | | | | | | | Checking ☐ / Savings ☐

Attach a voided check here.

***All students in the family will be set up based on the same account information. Submit only 1 form per family.*