

Pleasant View School
(Full-time Islamic School)

Tuition Direct Deposit Form

Parent's Name (please print): _____

Child #1 _____ Child #2 _____ Child#3 _____

Address: _____ Apt: _____

City : _____ State: _____ Zip Code : _____

Work Phone: () _____ Home Phone: () _____ Cell Phone: () _____

Email Address: _____

Total Tuition due for school year \$ _____

Total amount due monthly \$ _____

Please attach a Voided Check (to this form)

I, the undersigned, authorize Pleasant View School (Muslim Community Center, Inc.) to deduct the above monthly amount from my bank account to satisfy the total tuition obligation for the child(ren) named above.

SIGNATURE: _____ **DATE:** _____

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|----------------------------|--------------|
| For Office Use Only | |
| Processed by: | Date: |