

Online School Payments
Online School Management Systems, Inc.
Debit Authorization Form

As a duly authorized representative of _____ (name of school or organization), I authorize Online School Management Systems, Inc. ("**OSMS**"), to automatically credit and debit the bank account listed below in order to obtain the online school payment fees and assessments set forth in the Services Agreement between OSMS and [redacted] dated [redacted] (the "**Fees**"). This authorization is valid until we provide OSMS with written notification terminating this authorization.

Until OSMS receives written notification terminating this authorization, we agree to pay the Fees and agree to have sufficient funds in the account listed below by the 1st and 16th day of each calendar month and will ensure that all debit blocks have been removed from this account.

Bank Name _____

Location _____

ABA Routing Number (9 digits) _____

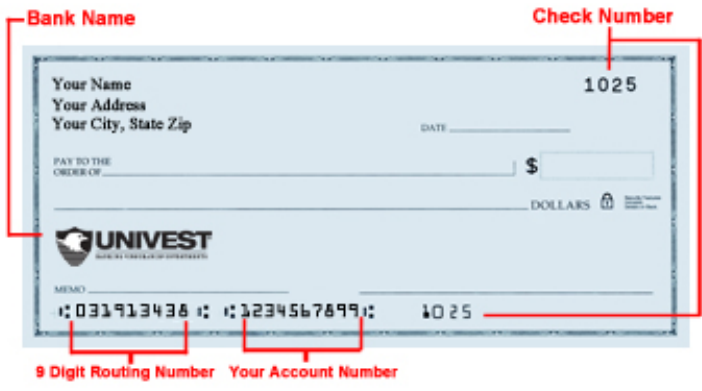
Account Name _____

Account Number _____

Account Contact Person and Phone _____

Authorization Signature Print Name E-Mail and Phone Number

Please mail, fax or email the completed form to: Online School Management Systems, Inc., 4511 Singer Court, Suite 203, Chantilly, Virginia 20152, fax (703) 378-8137, e-mail support@osmsinc.com



Please attach voided check here (it can be a copy)

Continue to next page to fill out some more information about your school.

School Setup Information

Please complete the following information about your school.

Field	Example	School Information
School Information		
School District		
School Name		
School Level	Middle, High, etc.	
School Address		
School City, State		
School Zip Code		
Bookkeeper Information		
Bookkeeper Name		
Bookkeeper Email		
Bookkeeper Telephone		
TRA School Funds Username (if applicable)		