

# Authorization Agreement for Automatic Debits

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

I (we) hereby authorize **American Christian Academy**, to initiate debit/credit entries to my (our) checking account at said bank , hereinafter called DEPOSITORY, as set forth in the schedule of payments indicated below. I (we) further warrant and acknowledge that I (we) are the owner or authorized signer on the account entered on this form.

BANK NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

## Fill in checking account information only

CHECKING ACCOUNT NUMBER \_\_\_\_\_

9-DIGIT ROUTING NUMBER \_\_\_\_\_

TRANSACTION DATE ( 1<sup>ST</sup> OR 15<sup>TH</sup> OF THE MONTH) \_\_\_\_\_

DEBIT AMOUNT \$ \_\_\_\_\_

START MONTH \_\_\_\_\_ END MONTH \_\_\_\_\_

This authority is to remain in full effect until **American Christian Academy** has received written notification from me (or either of us) of its termination in such time and in such manner to afford **American Christian Academy** and Depository a reasonable opportunity to act on it. Should I (we) terminate this recurring debit process, I (we) hereby agree to either pay any balance owed in full or arrange for an alternative method of payment. I understand and agree to pay a \$30 fee to **American Christian Academy** for any debit transaction that is non-payable at the time submission is made. I (we) agree that I (we) will immediately contact **American Christian Academy** in the event of any bank name changes, routing number or account information changes.

Please attach a copy of a voided check with this agreement.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_