

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

FAMILY NAME: _____
(PLEASE PRINT)

I (we) hereby authorize Bellevue Christian School, hereinafter called COMPANY, to initiate debit entries to my (our) () Checking Account/ () Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

Please charge my account on (choose one):

_____ The 5th of the month _____ The 20th of the month

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

DATE: _____ SIGNATURE: _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Please attach a VOIDED CHECK here

For office use: Date received: _____ Family ID: _____ Monthly amount due: _____

Special instructions: _____