

EMAIL TO: kwestburg@bellevuechristian.org

OR MAIL TO: Bellevue Christian School Finance Office

1601 98th Ave NE

Clyde Hill WA 98004-3400

OFFICE USE ONLY:

Family ID: \_\_\_\_\_

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

PARENT(S) NAME: \_\_\_\_\_  
(LAST, FIRST; PLEASE PRINT)

I (we) hereby authorize Bellevue Christian School, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account on the 5th of the month. 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: \_\_\_\_\_

( ) Checking Account/ ( ) Savings Account **(select one)**

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