



Withdrawal Authorization Form (ACH Debits)

By completing this form, you consent for Community Christian School to initiate debit entries for payment of all charges arising under my/our account, and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my/our Checking Savings (select one) account indicated below and the depository named below to debit and/or credit such account for regular recurring payments and/or one-time payments.

This form is not valid without the signature of the accountholder(s).

Name (please print) _____

Address _____	City _____	State _____	ZIP _____
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Phone/Email _____	Date (MM/DD/YY) _____
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Authorization: I authorize Community Christian School to debit my bank account as outlined in the payment terms of this agreement. The authority you give shall remain in effect until such time as written notification is received from you of the termination of this authority in such time and manner to afford a reasonable time to act upon it. If you agree to give this authority, please sign your name and provide your banking information below.

Signature

Signature

Banking Information

Account Number: _____

Routing Number: _____

Name of Financial Institution: _____

Address of Financial Institution: _____

Please choose date for ACH:

Monthly:

_____ 5th

_____ 20th

Bimonthly

_____ 5th & 20th

Recourse:

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any ACH that is not authorized or is not consistent with this ACH Agreement.

Authorization Termination:

I understand that this authorization will remain in effect until it is canceled in writing and I agree to notify the above business at least 15 days in advance to any changes.

To obtain more information about your recourse rights, you can visit www.nacha.org.