



Scholarship ACH Form

Withdrawal Authorization Form (ACH Debits)

By completing this form, you consent for Community Christian School to initiate debit entries for payment 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 account holder(s).

Name (please print)

Address

City

State

Zip

Phone/Email

Date (MM/DD/YY)

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 as to afford a reasonable time to act upon it. If you agree to give this authority, please sign your name and provide banking information below.

Signature

Date

Signature

Date

Banking Information

Date of ACH Each Month: 15th

Account Number: _____

ACH Withdrawal Amount: _____

Routing Number: _____

Start Date: _____, 20____

Name of Financial Institution: _____

Address of Financial Institution: _____

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 of any changes.

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