



PARENT/STUDENT
ACH AUTHORIZATION AGREEMENT
ACH MONTHLY WITHDRAWALS ARE EXPECTED

I hereby authorize **FULL ARMOR CHRISTIAN ACADEMY**, hereinafter called Company to authorize credit and/or debit entries to the account indicated below for purpose of providing payment to me or retrieving payment from me to satisfy amounts owed to the Company. These entries will be originated through the financial institution below:

FINANCIAL INSTITUTION, to originate said credit and/or entries.

Financial Institution Name and Address

The Clay City Banking Company
311 S Main St. PO Box 465
Clay City, IL 62824

Student name(s) _____

Parent Account/ Bank Information

Bank Name _____ Bank Location _____

Type of Account: Checking _____ Savings _____ Acc/t No _____

Routing No. _____ (9 digits) (Has: before or after the no)

Tuition Amount Due _____ divided by 12 monthly payments= _____

Book Fee Due _____ divided by 12 monthly payments= _____

\$ _____ WILL BE WITHDRAWN MONTHLY BEGINNING August 1,
2021 AND ENDING ON JULY 1, 2022

The authority is to remain in full force and effect until Company has received notification from me of its termination in such time and manner as to afford COMPANY AND FINANCIAL INSTITUTION a reasonable opportunity to act on it. Print Individual Name

_____ Signature

_____ Date _____

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM (\$25.00 fee for returned payments)