

ACH AUTHORIZATION AGREEMENT

I hereby authorize Full Armor Christian Academy, hereinafter called Company, to authorize credit and /or debit entries to the account indicated below for purposed of providing payment to me or retrieving payment from me to satisfy amounts owed to Company. These entries will be originated through the financial institution named below.

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

Financial Institution Name and Address

The Clay City Banking Company
331 S. Main St. P.O. Box 465
Clay City, IL. 62824

Employee Account / Bank Information

Bank Name _____ Bank Location _____

Type of Account: Checking _____ Savings _____ Account Number _____

Routing Number _____ (9 digits) Has : Before and after the number :

Tuition Amount Due _____ divided by 12 monthly payments = _____

Other Amount Due _____ divided by 12 monthly payments = _____

**\$ _____ WILL BE WITHDRAWN MONTHLY
BEGINNING AUGUST 1, 2019 AND ENDING ON JULY 1, 2020.**

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 OR DEPOSIT TICKET TO THIS FORM!