

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. . P.O. 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**\$ \_\_\_\_\_ WILL BE WITHDRAWN MONTHLY  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, 2020 AND ENDING ON JULY 1, 2021**

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)