

AUTHORIZATION AGREEMENT AUTOMATIC PAYMENTS (ACH DEBITS)

I _____, hereby authorize Life Way Christian School, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account. This COMPANY will debit your account on the first of each month. If the first of the month falls on a weekend the COMPANY will debit the account on the following Monday.

(Financial Institution Name)	(Branch)
(Financial Institution Address)	
(City/State/Zip)	(Amount to Debit)
(Routing Number)	(Account Number)
(Start Date)	(End Date)

Type of Account: **Checking** **Savings**

This authority is to remain in full force and effect until COMPANY has received 14 day written notification from me (or either of us) 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)

(Print Last Four SSN)

(Signature)

____/____/_____
(Date)

Oldest Student's First and Last Name: _____

***PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!**