

**AUTHORIZATION AGREEMENT
FOR PREAUTHORIZED PAYMENTS (DEBITS)**

I (WE) HEREBY AUTHORIZE, First Assembly Christian School, hereinafter called COMPANY to initiate debit entries to my (our) ____checking account ____savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same such account.

Bank Name: _____

City: _____ **State:** _____ **Zip:** _____

Routing No.: _____

Account No.: _____

I understand that this debit to my account will be on the **10th OR 15th** (circle one), of each month beginning with August 10th and ending with May. This authority is to remain in full force for the current school year. The COMPANY must receive written notification from me (or either of us) of **any changes and/or termination** in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Payer Name (please print): _____

Student Name(s) (please print): _____

Amount debited each month \$ _____

Signature: _____

Date: _____

Attach unsigned, voided check here. Draft will not be processed without voided check.

Please return to the School Finance Office by August 1st. If the form is received after August 1st, you must submit payment to the school and the draft will then begin in September.