

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS VIA ACH (ACH DEBITS)

I hereby authorize Faith Lutheran School ("School") to electronically debit my Checking or Savings Account (indicated below) at the depository financial institution named below ("Depository") for school tuition and extended care balances due as described in the School handbook (or to electronically credit my account in order to return tuition or extended care refunds). ACH transactions for tuition and extended care will occur on the first business day of each month after the 5th of the month. I agree that ACH transactions authorized herein shall comply with all applicable US law.

New authorization Change of information

DEPOSITORY INFORMATION

Depository Name: _____

Account Type: Checking Savings

Routing Number: _____

Account Number: _____

This authorization shall remain in full force and effect until I notify School that I wish to revoke this authorization. The revocation of this authorization shall be made in writing by mail or personal delivery to School administration at the School address (1820 South Baltimore Street, Kirksville, Missouri 63501). I understand that the School requires at least ten days' prior notice in order to cancel this authorization.

Account Owner Name (Printed): _____

Account Owner Signature: _____ Date: _____

PLEASE ATTACH A VOIDED CHECK WITH THIS AUTHORIZATION.