

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

I (we) hereby authorize Mother Lode Christian School, herein after called COMPANY, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, herein after called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Account Name \_\_\_\_\_

Your Phone Number \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Payment Date \_\_\_\_\_

Payment Amount \_\_\_\_\_

# Months \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE ATTACH A VOIDED BLANK CHECK BELOW.