

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.

Bank/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.

Payments may be divided into either 10 or 11 months beginning in August of 2024. Please mark your preference below:

_____ We are designating a ten-month plan beginning in Aug, with the final payment in May.

_____ We are designating an eleven-month plan beginning in Aug., with final payment in June.

Payment processing dates will be either the 10th or 20th of the month. Please mark your preference here and designate the amount:

_____ 10th day _____ 20th day Payment Amount _____

Signature _____ Date _____

PLEASE ATTACH A VOIDED BLANK CHECK BELOW