



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Account/Family Name _____

Student Name(s) _____

I (we) hereby authorize Westside Christian High School, hereinafter called WCHS, to initiate debit (withdrawal) entries to my (our) Checking / Savings account (select one) indicated below at the depository financial institution named below, hereafter 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 _____ Zip _____

Routing Number _____ Acct Number _____

This authorization is to begin on _____ and continue on the _____
(Date) (Day)
day of each month following, terminating after the last payment due _____
(Date)

This agreement is to remain in full force and effect until the total account balance has been paid or until WCHS has received written notification from me (or either of us) of its termination in such time and in such manner as to afford WCHS and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____
(Please Print) (Please Print)

Signature _____
(Date Signed)

*****PLEASE ATTACH VOIDED CHECK HERE*****