



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize **Christ Fellowship Church Child Development Center**, herinafter called CFCCDC, to initiate debit entries to my (our)

Checking Account Savings Account (select one)

indicated below at the depository financial institution named below, hereafter called DEPOSITORY. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. Law.

Depository Financial Institution Name: _____

City: _____ State: _____ Zip: _____

Routing Number: _____

Account Number: _____ Checking/Savings (circle one)

Withdrawal of tuition will be submitted to the bank on the **Thursday** of each week before service is provided and it will be in the amount of weekly tuition. If special withdrawals are desired for summer or other fees, please let the front desk know.

This authorization is to remain in full force and effect until CFCCDC 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 time to act on it.

Name(s): _____

Signature(s): _____

Date: _____

This is an OPTIONAL Service provided by CFCCDC.