

ACH DEBIT AUTHORIZATION FORM
Please attach a voided check (no deposit slips accepted)

I\We hereby authorize (company) Susanna Wesley Day School to initiate **debit** entries effective on the _____ of each month, beginning _____, including any NSF charges for insufficient funds, to my checking\savings account at the *Financial Institution* indicated below, and initiate adjustments (if necessary) for any transactions credited\debited in error. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until (company) **Susanna Wesley Day School** is notified by me in writing to cancel it in such time as to afford (company) **Susanna Wesley Day School** and Financial Institution a reasonable opportunity to act on it.

I understand that it is my responsibility to notify the Treasurer of any changes to where I bank and\or account numbers at least 7 business days prior to effective date of debit.

Financial Institution Name _____

Routing Number (Bank Number) _____

Checking Account Number _____

OR

Savings Account Number _____

Date _____

Name _____ (Please Print)

Signature _____

*****Please note that there is \$.25 charge per transaction for this service and this fee is passed on the customer*****