

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH)

STUDENT/FAMILY NAME: \_\_\_\_\_

I (we) hereby authorize Redeemer Lutheran School to initiate debit or credit entries from the bank account indicated below for the benefit of the depository named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

This authorization is to remain in full effect until the Originator has received written notification from the bank account owner(s) of any termination. This should be done in a suitable manner to allow all parties involved the opportunity to process any changes within a reasonable amount of time.

Transactions are processed on the first business day of the month.

This authorization is for the following (please check one option only):

- Please process for tuition charges only.
  
- Please process for tuition and all other account charges.

NAME(S) \_\_\_\_\_  
PLEASE PRINT

ACCOUNT HOLDER SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

ACCOUNT HOLDER SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

***NOTE: IN CASE OF REVOKED AUTHORIZATION, WRITTEN NOTIFICATION MUST BE MADE TO THE ORIGINATOR NO LATER THAN 15 DAYS BEFORE THE EFFECTIVE DATE OF THE NEXT TRANSACTION.***

**PLEASE ATTACH A VOIDED CHECK.**