

**Directions**

- \* Complete Form with Signature
- \* Include a VOID Check
- \* Sent to mariag@floridachristian.org
- \* Or return to the Business Office

**Direct-Pay Authorization Agreement for Direct Payments (ACH debit)**

\* \* \* \* PLEASE PRINT \* \* \* \*

Parent Name (billing): \_\_\_\_\_

Student(s) Name: \_\_\_\_\_

Monthly debit date:     5th of month due

I (we) hereby authorize Florida Christian School of Dade County, Inc., hereinafter called "SCHOOL," to initiate debit entries on the above monthly date for my complete account balance as of the 1<sup>st</sup> of each month to my (our) checking account 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 provision of U.S. law.

Depository name: \_\_\_\_\_

Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing number: \_\_\_\_\_

Account number: \_\_\_\_\_

This authorization is to remain in full force and effect until the SCHOOL has received written notification from me (or either of us) of its termination in such time and in such manner as to afford SCHOOL and DEPOSITORY a reasonable opportunity to act on it (not more than thirty days).

Name (s) on checking account:     1) \_\_\_\_\_

2) \_\_\_\_\_

Date: \_\_\_\_\_

Signature (s):     1) \_\_\_\_\_

2) \_\_\_\_\_

**\* \* \* PLEASE ATTACH A VOID CHECK \* \* \***

