



AUTOMATED PAYMENT AUTHORIZATION AGREEMENT SCHOOL YEAR 2008 - 2009

By signing below, I (we) authorize Grace Christian School (GCS) to begin debiting the account on the 10th day of each month.

My (Our) signature further authorizes the financial institution named below to accept such debits to the account.

Financial Institution Name: _____

Branch: _____

City: _____ State: _____ Zip Code: _____

Routing Number: _____ Account Number: _____

Check Appropriate Box Checking Savings

Payment Amount: \$ _____ Effective Date: ____/____/____

I (We) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until GCS has received written notification from me (or either of us) of this agreement termination. Notification of termination must be received by GCS no later than seven (7) days before the draft date.

Any changes to this agreement will incur a \$20.00 charge for the first change and \$40.00 for subsequent changes per occurrence. All changes must be made by filling out a new Authorization Agreement for Automated Payments.

In the event this pre-authorized debit to my (our) account is returned unpaid by my (our) financial institution, I (we) agree to reimburse GCS for any and all charges. Two consecutive returns of pre-authorized payments may cause the termination of this agreement. Subsequent payments to GCS must then be made by cash, money order, or cashier's check.

Print Name: _____

Signature: _____ Date: ____/____/____

Print Name: _____

Signature: _____ Date: ____/____/____

*****If both parents are signers on this account, both parents are required to sign this authorization form.*****

List Student Name(s) here: _____
