

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name Northumberland Christian School Company ID Number 24-6019828

I (we) hereby authorize **Northumberland Christian School** hereinafter called COMPANY, 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, 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 provisions of U.S. law.

Depository Name _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

By signing this form, I hereby authorize COMPANY, as named above, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries made in error, to the account named above and to the Depository (my bank or financial institution named above) and to debit and/or credit the same to such account. This authorization is to remain in full force and effect until COMPANY 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 opportunity to act on it.

Name _____
(Please Print)

Signature _____ Date _____

Name _____
(Please Print)

Signature _____ Date _____

Deductions will occur on the 20th day of the month (or the first business day after).

Reminder: Please be sure to select checking OR savings account.