Abundant Life Christian Academy

Authorization Agreement for Pre-Authorized Payments (ACH Debits)

I (we) hereby agree for Abundant Life Christian Academy to initiate debit entries to my (our) account and the depository financial institution named below, herein after called DEPOSITORY, to debit the same to such account.

THIS FROM MUST BE RETURNED TO THE BUSINESS OFFICE ALONG WITH A VOIDED CHECK. (NOT A DEPOSIT SLIP)

Depository Financial Institution:		Branch:
City:	State:	Zip Code:

Type of account: Checking ☐ Savings ☐

Transit Routing Number | Bank Account Number information

IMPORTANT- This authority is to remain in full force and effect until ALCA have received written notification from me (or us) of its change or termination in such time and in such manner as to afford ALCA a reasonable opportunity to act on it. All changes or terminations of this agreement must be communicated to the business office in writing by completing the CHANGES IN ACCOUNT HOLDER section of this form.

Family Account Number	Family Name	Student Name(s)
Name(s) on Bank Account-Please print:		
E-mail address (for bank e-mail confirmation)		
I Authorize ALCA to debit my bank account monthly for the amount of: $_____Starting date_____Ending Date_____		
Date:	Signed:	

Please advised that Automatic Withdrawal ***does not*** include any Extended Care fees or miscellaneous fees that may incur during the school year. You will receive a separate statement for these changes. All tuition payments will be pulled from your account on the 1st of every month or the nearest business day following the 1st.

AUTHORIZED CHANGES BY THE ACCOUNT HOLDER

___ Change my draft amount: $_____Effective Date:_____ Ending Date:_____

___ Terminate ACH Draft. Effective Date:_____

___ Update Account Information: new account number or bank routing number (attach a voided check)

___ Other:_____

Signature authorizing the new changes:_____Date_____

Business Office use only:

New Request Date Processed:_____ Account Updated Date Processed:_____

Account Termination Date:_____ Family ID#_____ Initials:_____

Adventist Education