

## Authorization for Direct Payment via ACH

Student/Family Name \_\_\_\_\_

I (we) \_\_\_\_\_ authorize Redeemer Lutheran Church and School to initiate electronic debit entries from the bank account listed below for the benefit of my (our) account with Redeemer Lutheran Church and School.

Select One:       Checking Account                       Savings Account

at the depository financial institution named below. I (we) agree that ACH transactions must comply with the provisions of U.S. law.

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Date(s) and/or frequency of debit(s):

1<sup>st</sup> business day of each month for 10 months starting in August and ending in May \_\_\_\_\_ (initial)

All charges (i.e. registration, technology fee, sports fees, etc.)

Tuition only

I (we) understand that this authorization will remain in full force and effect until I (we) notify Redeemer Lutheran Church and School in writing or email that I (we) wish to revoke this authorization or we are no longer attending Redeemer Lutheran Church and School. I (we) understand that Redeemer Lutheran Church and School requires 15 days notice prior to the effective date of the next transaction.

Account Holder Signature: \_\_\_\_\_ Date \_\_\_\_\_

Account Holder Signature: \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK**