Woodland Christian School

PRESCHOOL	**ELEMENTARY**	**MIDDLE SCHOOL**	**HIGH SCHOOL**
1616 West Street	1787 Matmor Road	1787 Matmor Road	1787 Matmor Road
Woodland, CA 95695	Woodland, CA 95776	Woodland, CA 95776	Woodland, CA 95776
Phone: 530.662.0994	530.666.6615	530.406.8800	530.406.8800
Fax: 530.406.0900	Fax: 53530.406.0900	Fax: 530.406.0900	Fax: 530.406.0900
License #573615861			

ACH Debit Authorization Agreement

PLEASE CHECK ONE: ☐ Enroll   ☐ Withdraw   ☐ Change Bank Account

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AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: **Woodland Christian School** (herein referred to as "WCS")

Address: **1787 Matmor Road, Woodland, CA 95776**

I (we) hereby authorize WCS to initiate debit entries to my (our)

_____ Checking Account

_____ Savings Account

Please debit my (our) account for our monthly tuition payment in the amount of $ _____ on the fifth day of each month for **nine consecutive months, beginning September 2016 with the last payment being May 2017**, indicated at the depository financial institution named below, hereinafter 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 US law. *If the 5th should fall on a weekend or holiday, the ACH Debit Transaction will take place on the next business day*.

Depository/Bank Name _____ Branch _____

City _____ State_____ Zip _____

Routing

Number _____ Account

Number _____

This authorization is to remain in full force and effect until WCS has received written notification from me (or either of us) of its termination in such time and in such manner as to afford WCS and DEPOSITORY a reasonable opportunity to act on it.

Account Title

(as it appears on your bank account): _____

Print	Joint
Name _____	Tenant Name _____
Signature _____	Signature _____
Date _____	Date _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS <u>MUST</u> PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Student Information

Name _____ Grade _____   Name _____ Grade _____

Name _____ Grade _____   Name _____ Grade _____

Account holder is required to verify bank account data and attach a voided check here.

-Attach voided check here-

1 Routing Number (requires 9 digits)
2 Bank Account Number (not to exceed 17 digits)
3 Check Number