

AUTHORIZATION AGREEMENT FOR ACH DEBITS

(electronic funds transfer for tuition only)

Child's Name _____ Amount to be Debited _____

Preferred Date of Debit (check one) 1st _____ or 10th _____

(if date falls on a non-business day, payment will be taken out on the next business day)

Company Name – GRACE LUTHERAN SCHOOL (**GLS**)

Company ID Number – 35-0992111

I (we) hereby authorize **GLS** to initiate debit entries to my (our) Checking Account indicated below at the depository financial institution named below and to credit the same to such account. I (we) acknowledge that the orientation of ACH transactions to my (our) account must comply with the provisions of the U.S. law. First Financial Bank requires that all depositories be inside the United States.

This authorization is to be initiated October 1st of the current school year and remain in full force and effect until May 31st of the current school year or until **GLS** has received written notification from me (us) of its termination in such time and in such manner as to afford **GLS** and the depository a reasonable opportunity to act on it.

First month's tuition (September) must be manually paid to preschool office.

Printed Name _____

Signature _____ Date _____

Please attach a voided check -