



AUTHORIZATION AGREEMENT DIRECT PAYMENTS (ACH)

I (we) hereby authorize HERITAGE CHRISITAN ACADEMY, hereinafter called COMPANY, to debit entries to my (our account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

(Financial institution name)

(Branch)

(Address)

(City/state)

(Zip)

(Routing/transit number)

(Account number)

Type of Acct: _____ Checking
_____ Savings

\$ _____
(Amount per month)

(Beginning date)

(Ending date)

This authority 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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print individual name)

(Print individual name)

(Signature)

(Signature)

(Date)

(Date)

PLEASE ATTACH COPY OF A VOIDED CHECK TO THIS FORM