

Authorization Agreement for Direct Payments (ACH Debits)

I (we) hereby authorize Pella Christian High School, hereinafter called PCHS, to initiate a one time debit entry for registration fees in July and/or debit entries for monthly tuition fees on the 5th (fifth) of the month (or first business day after that date) from Sept thru May to my (our) checking account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, 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 U.S. law.

Financial Institution Name

FI Address

City/State

Zip

Routing Number

Account Number

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

Printed Name

Signature

Date

Phone

PLEASE ATTACH A VOIDED CHECK TO THIS FORM