

DIRECT PAYMENT VIA ACH AUTHORIZATION

I authorize “**Unity Christian High School**” hereinafter called “Company,” to initiate debit entries to my account indicated below and the Financial Institution name below, hereinafter called “Financial Institution,” to debit the same account. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law.

Account Details

Financial Institution Name: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

Type of Account:

- Checking
- Savings

Payment Details

Fixed Payment Dollar Amount: \$_____

Date of withdrawal:

- 1st of the month
- 20th of the month
- 1st & 20th (amount listed above split 50/50)

This authorization is to remain in full force and effect until Company has received written notification from me (or any authorized account signer) of its termination in such time and manner as to afford the Company a reasonable opportunity to act on the request. Unless prior authorization to terminate this request is made, the Company will terminate the request on 7/31/2022.

Print Individual Name: _____

Signature: _____ Date: _____

Please attach a copy of a voided check or proof of account ownership to this form.