

LIFE Christian Academy
11500 Sheridan Blvd.
Westminster, CO 80020

2017/2018 Authorization Agreement for Direct Debit

I hereby authorize LIFE Christian Academy, hereinafter called COMPANY, to initiate debit entries to my(our) checking account/savings account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. The amount to be debited each month is _____.

Depository Bank Name: _____

City, State, Zip: _____

Routing Number: _____

Account Number: _____

I understand that this will occur on the 1st/15th (select one) of each month (or the first business day after) starting on _____.

I(we) agree that ACH transactions I(we) authorize comply with all applicable laws.

This authorization is to remain in full force and effect thru May 15, 2018 or upon written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name on Account: _____

Date: _____

Signature: _____

PLEASE ATTACH A VOIDED CHECK TO THIS AUTHORIZATION FORM.