



## CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

I (we) authorize Coram Deo Classical School to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Checking Account/  Savings Account (select one) at the depository financial institution named below . I agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Amount of debits(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amounts authorized]: \_\_\_\_\_

Date(s) and/or frequency of debits(s): \_\_\_\_\_

I (we) understand that this authorization will remain in full force and effect until I (we) notify Coram Deo Classical School that I (we) wish to revoke this authorization. I (we) understand that Coram Deo Classical School requires at least **one** week prior notice in order to cancel this authorization

Names(s) \_\_\_\_\_

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_