

ANDERSON CREEK ACADEMY ADVENTURE CLUB

Authorization Form for Monthly Payments

I hereby authorize **Anderson Creek Academy** hereinafter called the COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entry in error to my (our) account indicated below and the Financial Institution named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account. This authority is to remain in full force and effect until the BALANCE is paid in full, or the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Customer(s) Name: _____

Customer(s) Address: _____

Important: Please check one of the following

Checking

Savings

Account # to be drafted: _____

Bank Routing #: _____

Draft start date: ____/____/____

BALANCE to be paid: \$_____ Amount to be drafted each period \$_____

Payments to be made: weekly semi-weekly monthly semi-monthly one-time

*****Returned payments will incur a \$25.00 non-refundable processing fee*****

Customer's Signature

Date

Attach Voided Check Here