



ACH Debit Authorization Form

The purpose of this form is to authorize CLA/First Assembly of God to debit your account at a financial institution on a recurring basis.

I hereby authorize CLA/First Assembly of God to initiate a charge (debit) entry to my

☐

Checking Account

☐

Savings Account

At the financial institution indicated below and to initiate adjustments (if necessary) for any transactions debited in error. This authorization will remain in effect until CLA/First Assembly of God is notified, by me in writing, to cancel it in such time as to afford CLA/First Assembly of God and the financial institution a reasonable opportunity to act.

Authorized Signature

Authorized Signature (if joint account)

Print Name

Print Name

Name of Financial Institution

Effective Date

Financial Institution Routing Number

--	--	--	--	--	--	--	--	--

**Please attach a
voided check.**

Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--

One transaction will be processed per family. Please indicate the total tuition due for your family. **To be withdrawn the 10th of the month. Please complete each line below. Put zero if you are not using service.**

➡ **K3-G8 one time yearly fee, July 10th: Book Fee \$** _____ **(Book Fee Amount)**
If applicable, registration Fee \$ _____

Tuition \$ _____ Extended Care \$ _____ Little Blessings \$ _____
(Amount) (Amount) (Amount)

Total \$ _____
(Amount)

Student Name / Family Name (Please Print)

A \$25.00 Returned Processing Fee will be accessed if your financial institution returns a payment.

Rev. 8/21/23