



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 **To be withdrawn the 10th of the month**

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.