



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize Athens Bible School, 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, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____ Branch: _____
City: _____ State: _____ Zip Code _____
Routing Number: _____ Account Number: _____

Please select the date you want to have the direct payment process:

1st of each month _____ 10th of each month _____ 20th of each month _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) : _____ Account/ID Number: _____
Please Print

Date: _____ Signature: _____