

ACH Authorization Form

If you are currently on ACH you do not need to complete another form.

I hereby authorize Brookside Christian Schools (BCS) to initiate debit/credit entries to my account in the entity named below (Bank/Credit Union). This authorization is to remain in full force and effect until agreement is revoked. Any revocation shall not be effective until BCS has received written notification from me of my desire to terminate this agreement in such time and in such manner as to give BCS a reasonable opportunity to act on it. BCS reserves the right to revoke this agreement at any time. Funds are to be available by the fourth day of the month. Any/all Non-Sufficient Funds charged back to the school will result in \$20.00 service fee. Any charge backs may result in revocation of this ACH agreement. Debits are made during the first week of each month in an amount of the tuition account balance, beginning in the month following the month in which this authorization is received.

Parent/Guardian Name (PLEASE PRINT)

School Account Number

Bank/Credit Union Account Holder Name (PLEASE PRINT)

Social Security Number

Bank/Credit Union Name (PLEASE PRINT)

Account Type: Checking <input type="checkbox"/> or Savings <input type="checkbox"/>
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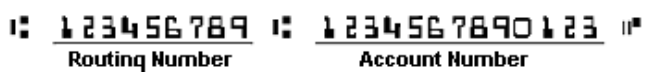
Bank/Credit Union Address (PLEASE PRINT)

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Routing Number *

Account Number *

* Numbers on the bottom of your checks:



Institution Account Holder's Signature

Date

Attach a Cancelled Check here