

# Sunshine School

## Authorization Agreement for Automatic Direct Payments (ACH Debits)

Customer Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

I (we) hereby authorize **Sunshine School** to initiate debit entries to my (our)  
 Checking Account or  Savings Account (select one) indicated below at the depository financial institution named below, hereafter called Financial Institution, and to debit the same to such account.

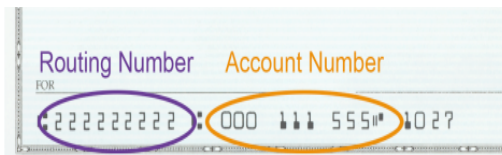
U.S. Financial Institution:

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_



Frequency:

Monthly Payment First Payment Date: \_\_\_\_\_ Monthly Statement Total Until Cancelled

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Sunshine School** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I understand there is an **Insufficient Funds Fee of \$25** for an ACH transaction that is returned unpaid due to insufficient funds in my account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_