



5720 Bagby Ave., Waco, TX 76712
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AUTHORIZATION AGREEMENT FOR
AUTOMATED CLEARING HOUSE TRANSACTIONS
(ACH DEBITS)

NAME _____ CHILD'S NAME _____

I (we) hereby authorize Central Faith hereinafter, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

DEPOSITORY
NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

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

NAME(S) _____ SS# _____
(Please Print)

SIGNED X _____ Date _____

I wish for this transaction to take place starting on: _____ and to recur:

Check box & Circle Day/Days

- once a month on the 1st, 5th, 12th, 15th, 20th
- bi-monthly on the 1st, 5th, 12th, 15th, 20th and the 1st, 5th, 12th, 15th, 20th
- bi-weekly on Monday Friday
- weekly on Monday or Friday

CHECK ONE:

I am not currently participating in the Automated Payment Program.
 ADD Debit the account shown.

I am currently participating in the Automated Payment Program.
 CHANGE financial institutions and/or account number.

TAPE YOUR VOIDED CHECK HERE