

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBIT)

Company Name Bluegrass Christian Academy Company ID Number _____

I (we) hereby authorize Bluegrass Christian Academy, hereinafter called COMPANY, to initiate debit entries to my (our) () Checking () Savings (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____ ACCOUNT # _____

This authorization is to remain in full force and effective 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) _____ ID NUMBER _____

DATE _____ SIGNED (X) _____
SIGNED (X) _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.