

AUTOMATIC BANK DRAFT (ACH DEBITS)

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

<input type="checkbox"/> ADD <i>(New Participant)</i>	<input type="checkbox"/> CHANGE <i>(Financial Institution and/or Account #)</i>	<input type="checkbox"/> DELETE <i>(Cancel Participation)</i>
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COMPANY NAME FAYETTEVILLE CHRISTIAN SCHOOL

I (we) hereby authorize **FAYETTEVILLE CHRISTIAN SCHOOL**, the COMPANY, to initiate debit entries and if necessary, initiate credit correction or adjustment entries to my (our) account at the financial institution indicated below.

I (we) understand that should the regularly scheduled debit date fall on a weekend or a federal holiday, the debit shall occur on the following banking date.

Please select one:

CHECKING SAVINGS

DEPOSITORY NAME _____
(YOUR FINANCIAL INSTITUTION/BANK'S NAME)

CITY _____ STATE _____ ZIP _____

TRANSIT ROUTING NUMBER _____

ACCOUNT NUMBER _____

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

NAME(s) *(please print)* _____

DATE _____ SIGNED _____

START DATE _____ AMOUNT \$ _____ per month to be debited.

(Please attach a voided check for account validation here.)

RETURN THIS FORM AS SOON AS POSSIBLE:
Fayetteville Christian School
2006 E Mission Blvd.
Fayetteville, AR 72703
ATTN: FCS TREASURER