

## Huntsville Christian Academy 2020-2021 School Year

## Pre-authorized Payment (Debit) Service Authorization Agreement (ACH)

Name on Account:			
(As it appea	rs on your account)		
I (we) authorize the above COMPANY and the f ☐ Checking ☐ Savings Account ☐			, ,
	Bank Name		
Your Address (Street,City,State)	)	Zip	Phone Number
Check/Savings Account Number		Bank Routing #/ABA Number	
Credit/Debit Card Number		late	CVV#
This authority is to remain in full force and notification from me (or either of us) of its COMPANY and BANK a reasonable opportunit given to the customers and will be provided by <b>charged to all Credit Card sales.</b>	termination in such time any to act on it. A copy of this	nd in such Authorizati	manner as to afford on Agreement must be
Monthly amount to be withdrawn: \$			
Signature			Date

Please staple to this form a voided check to verify bank account.