



**ACH DEBIT AUTHORIZATION AGREEMENT
(AUTOMATIC WITHDRAWAL)
2010-2011**

I/we hereby authorize Elkhart Christian Academy, hereinafter called ECA, to initiate ACH debit (withdrawal) entries to my/our account indicated below at the financial institution named below, hereinafter called FINANCIAL INSTITUTION, and to debit the same to such account. Said ACH debit (withdrawal) entries shall be done on the 1st day of each month beginning on _____ 1, 201 __ and ending June 1, 2011, and shall be in the amount of \$_____. I/we understand that the monthly ACH debit amount may be adjusted to bring my/our ECA account balance to \$0.00. Please note: Our bank's policy states that after three NSF transactions, the customer will not be permitted to use the automatic withdrawal feature again.

_____	_____
Financial Institution Name	Branch
_____	_____
Address	City, State, ZIP Code
_____	_____
Routing Number	Account Number
Type of Account _____ Checking _____ Savings	

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

*******If a joint account, both account holders must sign*******

_____	_____
Print Account Holder Name	Signature
_____	_____
Print Account Holder Name	Signature
_____	_____
FOR OFFICE USE ONLY – School Minder ID	Date