

Below is the authorization form, which gives our financial institution authority to withdraw your payment from your account. Simply complete the form with your attached voided check and return to Ascension Kid's Time Office as soon as possible. All you need to do is:

1. Indicate whether your payment will be withdrawn from your checking or savings account.
2. Attach a voided check (checking account) or a deposit slip (savings account) for verification of all financial institution information.
3. Be sure to sign the form.

CHURCH OF THE ASCENSION AFTER SCHOOL CARE

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL (ACH DEBITS)

I (we) hereby authorize Church of the Ascension to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our)

Checking Account Savings Account (select one)

I (we) would like to initiate debit entries:

Effective Date: _____

Weekly fee: _____

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

NAME(S) _____
(Please Print)

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date