

TUITION FOR 2023-2024

**AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL
(ACH DEBITS)
CHURCH OF THE ASCENSION**

1. Indicate whether your payment will be withdrawn from your checking or savings account.
2. Indicate what terms (monthly, quarterly, semi-annually) you wish your payment to be withdrawn and when you wish to begin withdrawals.
3. **Include Banking information or Attach a voided check (checking account) or a deposit slip (savings account) for verification of all financial institution information.**
4. Be sure to sign the form!

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)

Depository Name:_____

Bank Transit/ABA No. (Routing #)_____ **Account #**_____

*** I (we) would like to initiate debit entries:**

Effective Date:_____

Tuition Amount:_____
(amount to be withheld each transaction)

**Monthly
15th
Last Day**

**Quarterly
(8/15, 10/15, 1/15, 4/15)**

**Semi-Annually
(8/15, 1/15)**

This authority is to remain in full force and in 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)

DATE_____ **SIGNED X**_____

SIGNED X_____