



Automatic Debit Authorization Form

Name: _____ Social Security Number: _____

Address: _____

Phone Number: _____ Email Address: _____

Action Requested

Initial Set-Up

Change

Name of your Financial Institution: _____

Checking or Savings

Account Number: _____

Bank Routing Number: _____

To expedite processing, staple a voided check to this form. The routing number of your bank is the first set of number at the bottom of your check located on the left **xxxxxxx**: (9 digits). Your account number is the next set of numbers (please include all 0's in the account number).

Weekly - Every Tuesday for prior week charges.

_____ Childcare

_____ Before/After School Care

_____ Summer Camp

Monthly – Circle Date: 1st or 15th day of each month.

_____ Tuition plus Before/After School Care for prior month (if applicable).

_____ Additional Contribution \$_____.

Authorization

I authorize **Ankeny Christian Academy** to debit by electronic transfer from my account above and credit by electronic transfer to **Ankeny Christian Academy** the amount that I have indicated above. I acknowledge responsibility for providing complete and accurate information on this authorization **Ankeny Christian Academy** form and understand that **Ankeny Christian Academy** may contact my financial institution to confirm accuracy of information. This authorization is to remain in effect until I provide written notice of cancellation. **Ankeny Christian Academy** reserves the right to reverse an incorrect posting however, I fully understand that **Ankeny Christian Academy** must notify me on or before the settlement date and explain the reason for the reversal. I further understand that if changes occur in my account, i.e., changing account number, closing account, changing banks, etc. **it is my responsibility to contact Ankeny Christian Academy immediately.**

This automatic transfer will start on _____, and will continue each month or week thereafter, unless revoked by me in writing.

Signature _____