

**ACH AUTHORIZATION AGREEMENT  
FOR DIRECT PAYMENTS (ACH DEBITS)**

Florence Christian School

I (we) hereby authorize FCS, hereinafter called COMPANY, to initiate debit entries to my (our) Checking account  Savings account  (select one) at the depository financial institution named below hereafter called DEPOSITORY, and to debit the same to such account. The debit amount of \$\_\_\_\_\_ will be drafted on the 1<sup>st</sup> day of each month. I (we) acknowledge that the origination of ACH transactions to me (our) account must comply with the provision of U.S. law.

Depositor Name \_\_\_\_\_ Branch \_\_\_\_\_  
(Name of Financial Institution)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_  
(9 digit number)

**Please attach a copy of a voided check if drafting payment from a checking account.**

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

Name(s) \_\_\_\_\_

\_\_\_\_\_  
(Please Print – Authorizing Name)

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

\_\_\_\_\_

If you have questions concerning authorizing this bank draft, please call Mrs. Greene at (843) 661-4312.