

**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 1st 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. Freeze at (843) 413-4312.