

Authorization Agreement for Direct Deposit

I hereby authorize First Church of Cuyahoga Falls Preschool to originate electronic debits

From my account as identified below. This authorization remains to effect for the current

school year.

I hereby certify that I am an account owner, or an agent authorized to transact business

On the account(s) identified below. I acknowledge that the origination of ACH

Transactions from my account must comply with all applicable state and federal laws.

I hereby authorize the origination of electronic debits from my account as follows:

Name of My Financial Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Deduct my Payments on (circle one):

1st of each month 15th of each month

For (Child’s Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Debit my account in the amount of $\_\_\_\_\_\_\_\_\_ on the 1st or 15th of each month, beginning August 20234 and ends April 2025 and credit First Church of Cuyahoga Falls’ checking account.

I understand at the time of signature I am confirming the August 2024 tuition may be taken from my account.

Name (as listed on the account): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE INCLUDE A VOIDED CHECK**

These transactions will be handled by Christian Family Credit Union

(routing and transit 241280582) on behalf of:

First Church of Cuyahoga Falls, 245 portage Trail, Cuyahoga Falls, OH 44221

Local (330)923-5243 Fax: (330)923-5808

http://firstchurchcf.com/preschool