

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

As a duly authorized check signer on the financial institution account identified below, I authorize **Fillmore Christian Academy** to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified below for payments due or when applicable, apply electronic funds transfer credits to the same. I understand the dollar amount can vary depending on services performed.

Furthermore, if any such electronic debit(s) should be returned by my financial institution as Non-Sufficient Funds (NSF), I authorize **Fillmore Christian Academy** to collect a returned item fee of \$25.00 per item by electronic debit from my account identified below.

For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution account identified below.

I understand and authorize all of the above as evidenced by my signature below.

AUTHORIZING SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Financial Institution account “identifying information”:**

Enter financial institution account information into the fields provided below or attach a blank, VOID check.

I hereby authorize Fillmore Christian Academy to charge my account \$ \_\_\_\_\_ on the 10<sup>th</sup> of each month, starting June 1<sup>st</sup>, 2010 and ending May 31<sup>st</sup>, 2011.

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