



Crucifixion School
420 South Second Street
La Crescent, MN 55947
www.crucifixionschool.org
Phone: (507) 895-4402

Authorization Agreement for Direct Payments (ACH Debits) Bi-Weekly

I (we) hereby authorize Crucifixion Elementary School to initiate debit entries to my (circle one).....

Checking Account
(attach voided check)

Savings Account
(attach deposit slip)

as indicated below, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Child Care frequency will be every other Tuesday. This will pay for the two previous weeks' fee.

Depository Name: _____ Start Date: _____

Routing Number *(9 Digits)*: _____ Account Number: _____

ACH amounts are subject to changed based on the current daycare rate as stated in daycare agreement.

This authorization is to remain in full force and effect until Crucifixion Elementary School has received written notification within 2 weeks of its termination as to afford Crucifixion Elementary School and Depository Financial Institution a reasonable opportunity to act upon it.

Signature

Printed Name

Date

Email for billing notices: _____

Office use only
ACH Termination Date: _____
Initials: _____

“Learning to Grow, Love and Live Within a Christian Community”