

Blue Mountain SDA Elementary School

45 Woodland Terrace

Hamburg, PA 19526

Phone: 610-562-5052

ACH AUTHORIZATION FORM

Completion of this authorization agreement gives Blue Mountain SDA Elementary School permission to withdraw the monthly tuition payment of \$_____ from the financial institution of your choice from _____ to _____ for the 25th of each month . The transactions are completed electronically-it's safe, accurate and fast. You have the opportunity to have your monthly payment withdrawn from one checking or savings account at the bank of your choice.

AUTHORIZATION AGREEMENT FOR ACH WITHDRAWAL

Until further notice, _____, authorizes Blue Mountain SDA Elementary School to initiate, if necessary, adjustments for any entries made in error to the account indicated below. We hereby authorize the depository named below to credit and debit entries to such account.

Account Type: Checking _____ Savings _____
Bank name: _____
City & State: _____
Account number: _____
ABA transit number: _____

This authorization is to remain in full force and effect until the Blue Mountain SDA Elementary School has received written notification from me of its termination in such time and in such manner as to afford the Blue Mountain SDA Elementary School and bank a reasonable opportunity to act on it.

Authorized Signature: _____ Date _____

Printed Name _____

Child(rens) Name(s) _____

Address _____

Email address to send ACH confirmation: _____