



# Ankeny Christian Academy

## AUTOMATIC DEBIT AUTHORIZATION FORM

### IDENTIFICATION- Please complete

Name:	Social Security Number:
Address: _____ _____	
Phone Number:	Email Address:

### FINANCIAL IDENTIFICATION – Please complete

<b>Action Requested</b> <input type="checkbox"/> Initial Set-Up <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Name of your Financial Institution: _____
	Address: _____ _____
	Account Number: _____ Checking <input type="checkbox"/> or Savings <input type="checkbox"/>
	Bank Routing Number: _____ **(see below)
	Amount to be Deducted: \$ _____ Monthly (Circle one) 1 <sup>st</sup> or 10 <sup>th</sup> day of each month _____

### AUTHORIZATION- Please read

I authorize **Ankeny Christian Academy** to debit by electronic transfer from my account above and credit by electronic transfer to **Ankeny Christian Academy** the amount that I have indicated above. I acknowledge responsibility for providing complete and accurate information on this authorization **Ankeny Christian Academy** form and understand that **Ankeny Christian Academy** may contact my financial institution to confirm accuracy of information. This authorization is to remain in effect until I provide written notice of cancellation. **Ankeny Christian Academy** reserves the right to reverse an incorrect posting however, I fully understand that **Ankeny Christian Academy** must notify me on or before the settlement date and explain the reason for the reversal. I further understand that if changes occur in my account, i.e., changing account number, closing account, changing banks, etc. **it is my responsibility to contact Ankeny Christian Academy immediately.**

\*\*To expedite processing, staple a voided check to this form. The routing number of your bank is the first set of number at the bottom of your check located on the left **xxxxxxx: (9 digits)**. Your account number is the next set of numbers (please include all 0's in the account number).

**Ankeny Christian Academy** will retain this authorization for a period of two years from the date an authorization ceases.

Signature \_\_\_\_\_

Interviewpackets/automicadebitauthor/approved4/05