

AUTHORIZATION AGREEMENT FOR DIRECT DEBITS (ACH DEBITS)

SONSHINE SCHOOL - OVERLAND PARK CHURCH OF CHRIST

I (we) hereby authorize the Sonshine School - Overland Park Church of Christ (SS - OPCOFC) to initiate debit Entries and to initiate, if necessary, credit Entries and adjustments for any debit Entries in error, to my/our Checking/Savings account indicated below and further authorize the depository named below, hereinafter to debit and/or credit the same to such account.

FINANCIAL INSTITUTION NAME _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____
(BANK ROUTING NUMBER)

The automatic debit amount of \$ _____ per month will be made on the 20th of each month (If the 20th is on a non-banking day, the automatic debit will be made on the next banking day.)

This authority is to start on **AUGUST 20th** and will end on **APRIL 20th of each school year**, unless SS-OPCOFC receives written notification from either one or both of us requesting its termination by the **1st** of the month, so as to afford SS-OPCC and Arvest Bank a reasonable opportunity to stop transaction. If you change your account, it is your responsibility to make sure we have your current bank account and routing information by the **1st of the month**.

NAME _____ DATE _____

SIGNATURE _____ DATE _____

NAME _____ DATE _____

SIGNATURE _____ DATE _____

(If your automatic debit is from a checking account, please attach a voided check for the above account.)