



## Automatic Tuition Debit Authorization

*I authorize Ridgecrest Seventh-day Adventist Church/Ridgecrest Adventist Elementary to initiate either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below.*

*I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.*

### Terms of Billing

*Starting on [Month/Day/Year] \_\_\_/\_\_\_/\_\_\_ and on the [Day of Month] \_\_\_\_\_ of each month following through [Month/Day/Year] \_\_\_/\_\_\_/\_\_\_ for the amount of \$\_\_\_\_\_.*

### Bank Information

*Bank ABA (Routing) Number \_\_\_\_\_*

*Bank Account Number \_\_\_\_\_*

*Bank Account Type: [Checking/Savings/Business Checking]*

*This payment authorization is to remain in full force and effect for the duration of the Terms of Billing as specified above unless I, \_\_\_\_\_, notify Ridgecrest Seventh-day Adventist Church of its cancellation by sending written notice in such time and in such manner to allow both the Ridgecrest Seventh-day Adventist Church and receiving financial institution a reasonable opportunity to act on it.*

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**Customer Printed Name**

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**Customer Phone Number**

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**Customer Email Address**

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**Customer Signature**

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**Date Signed**