

SOUTHLANDS CHRISTIAN SCHOOLS

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED DEBITS (PAYROLL DIRECT DEPOSITS)

I hereby authorize Southlands Christian Schools to initiate debit entries to my checking or savings account indicated below and the financial institution named below to debit the same to my account.

Financial Institution Name

ABA/Routing Number

Account Number

☐ Checking

☐ Savings

Deposit Amount:

_____ % OR

\$_____ (Flat Amount)

(Please attach voided check here, if applicable.)

This authority is to remain in full force and effect until Southlands Christian Schools has received written notification from me of its termination in such time and in such manner as to afford Southlands Christian Schools and my Financial Institution a reasonable opportunity to act on it.

Please sign here:

Authorized Signature

Date

Please Print Name