



Authorization Agreement for Direct Payment

700 US Highway 31 North, Athens, AL 35611 • 256-232-3525 • athensbible.com

Please list the name and grade of each child that will be on your account:

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize Athens Bible School, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/Savings Account (*select one*) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____ Branch _____

City: _____ State _____ Zip Code _____

Routing # _____ Account # _____

Please mark the payment option that you would like:

Ten Month Option – Your tuition will be due in 10 equal installments beginning on August 1, 2020.

Twelve Month Option – Your tuition will be due in 12 equal installments beginning on June 1, 2020. NOTE: If choosing this option, please have your completed form turned into the office no later than May 15th, 2020 to allow time to register your information with your financial institution.

Please select the date you want to have the direct payment processed:

1st of each month _____ 10th of each month _____ 20th of each month _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____
(Please print)

Date: _____ Signature _____

Return form to: Athens Bible School
700 US Highway 31 North
Athens, AL 35611