

AUTHORIZATION FOR DIRECT PAYMENT

I authorize **Plymouth Wesleyan Church** and the financial institution named below to initiate entries to my (our) checking/savings account. This authority will remain in effect until I (We) notify **Plymouth Wesleyan Daycare** in writing to cancel it in such time as to afford them a reasonable opportunity to act on it. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Lake City Bank, Warsaw, IN
(NAME OF FINANCIAL INSTITUTION)

(NAME – PLEASE PRINT)

(ADDRESS – PLEASE PRINT)

(PHONE – PLEASE PRINT)

OR (E-MAIL- PLEASE PRINT)

(NAME OF CHILD or CHILDREN – PLEASE PRINT)

Financial Institution Routing Number _____

Account Number _____ Checking ___ or Savings ___
(between these symbols |: |: on the bottom of your check)

Payment Dollar Amount \$ _____

Regular Payment Schedule: 1st Friday 1st & 3rd Friday Every Friday

*If payment date falls on a holiday that Lake City Bank is closed, funds will be debited 1 day prior to the holiday.

In the event that my electronic transaction is returned for non-sufficient funds, I (we) understand there will be a \$25 charge for this returned item. This returned item fee will be sent as a separate electronic debit to my checking account.

Signature

Date

Please maintain a copy of this agreement signed for your records