## AUTHORIZATION AGREEMENT FOR ACH TRANSACTIONS

I (We) hereby authorize **CHURCH AFTER SCHOOL ASSN, INC (C.A.S.A)**, hereinafter called **COMPANY**, to initiate debit entries to and initiate, if necessary, credit entries for any debit entries made in error to my (our)

( ) CHECKING ( ) SAVINGS (Select one)

Account listed below and financial institution named below, hereinafter called **INSTITUTION**, to debit or credit the same to such account.

FINANCIAL INSTITUTION NAME	CITY	STATE	ZIP CODE
ROUTING NUMBER	ACCOUNT NUMBER		

Please attach a voided check on the above account in order that we may verify the numbers provided above.

This authority 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 allow **COMPANY** and **INSTITUTION** a reasonable opportunity to act on it.

This Agreement is to be used for the following Programs (when registered):

\_\_\_\_\_ School Year

\_\_\_\_\_ Summer

\_\_\_\_\_ All-Day Care

NAME(S) ON ACCOUNT (PLEASE PRINT)

( )\_\_\_\_\_\_\ PHONE NUMBER

SIGNATURE