



AUTHORIZATION for DIRECT PAYMENT via ACH

I authorize The Village School to electronically debit my account (and if necessary, electronically credit my account to correct erroneous debits) as follows:

I agree that ACH transactions I authorize comply with all applicable law.

Checking Account / Savings Account (*select one*) at the depository financial institution named below:

	<u>Amount</u>	<u>Begin Month/Year</u>	<u>End Month/Year</u>
Student Meal Payments	\$ _____		
Annual Giving Campaign	\$ _____		
Extended Kindergarten	\$ _____		
Supply Donation	\$ _____		
Other	\$ _____		

Depository Name (Bank Name) _____

Routing Number (9 Digits) _____ Account Number _____

I understand that this authorization will remain in full force and effect until I notify The Village School by phone that I wish to revoke this authorization. I understand that The Village School requires at least 30 days prior notice in order to cancel this authorization.

Name(s) (Please Print) _____

Date _____ Signature(s) _____

Please include a Voided Check