



# ACH Authorization Form

I (we) here by authorize Grace Crossing Academy to initiate entries to my (our) checking/savings accounts at the financial institution listed below (The Financial Institution) and if necessary , initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Grace Crossing Academy is notified by me (us) in writing to cancel it in such time as to afford Grace Crossing Academy and The Financial Institution a reasonable opportunity to act on it.

---

(Name of Financial Institution)

---

(Address of Financial Institution—Branch, City, State, and Zip)

---

(Signature)

(Date)

---

(Your Child's Name—Please Print)

---

(Your Name—Please Print)

---

(Address—Please Print)

Day of the Month (please circle one):      1st      5th      15th      25th

Financial Institution Routing Number: \_\_\_\_\_

Checking/Savings Account Number: \_\_\_\_\_

Please circle one: Checking / Savings

These numbers are located on the bottom of your check as follows:

⑆ 1 2 3 4 5 7 8 9 0 ⑆    ⑆ 1 2 3 4 5 7 8 9 0 1 2 3 ⑆

**Routing Number**

**Account Number**