

701 Bennett Street
Herndon, VA. 20170
herndonumcpreschool@gmail.com



703-435-5688
Fax: 703-435-3863
www.herndonumcpreschool.com

ACH Debit Authorization Form

I (we) hereby authorize **Herndon United Methodist Church Preschool**, hereafter called COMPANY, to initiate debit entries (withdrawals) to my (our) Account indicated below and the financial institution below, hereafter called FINANCIAL INSTITUTION, 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 the U.S. law.

<i>Financial Institution</i>		<i>Branch</i>
<i>Address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>

TRANSIT ROUTING NUMBERS

ACCOUNT NUMBER INFORMATION

I:									I:
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☐ CHECKING ☐ SAVINGS

I hereby authorize HUMC Preschool to make withdrawals for tuition in the amount of \$_____ monthly beginning_____and ending_____. Additionally, the Supply Fee in the amount of \$_____is to be withdrawn on or about_____. Additional amounts may be authorized by me via email or in writing. This authority is to remain in full force and effect for one year or until the Company has received written notification from me (us) of its termination in such a time and manner as to afford the Company and the Financial Institution a reasonable opportunity to act on it.

<i>Name(s) - Please Print</i>		
<i>Address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Signed</i>		<i>Date</i>

THIS FORM IS TO BE RETAINED BY THE COMPANY AS A MATTER OF RECORD. PLEASE RETAIN A COPY FOR YOUR RECORDS.

PLEASE ATTACH A VOIDED CHECK