

Advent UMC – ADVENTure Kids

ACH AUTHORIZATION FORM



FOR OFFICE USE ONLY	STUDENT #:	DATE:						
Effective date of authorization: ____/____/____ Name of student: _____								
Type of Authorization Form: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> New Authorization</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Change banking information</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Change payment amount</td> <td style="border: none;"><input type="checkbox"/> Discontinue electronic payment</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Change payment date</td> <td style="border: none;"></td> </tr> </table>			<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information	<input type="checkbox"/> Change payment amount	<input type="checkbox"/> Discontinue electronic payment	<input type="checkbox"/> Change payment date	
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<input type="checkbox"/> Change payment amount	<input type="checkbox"/> Discontinue electronic payment							
<input type="checkbox"/> Change payment date								
Last Name	First Name							
Address								
City	State	Zip						
Email								
TUITION PAYMENT PLAN (please check): <input type="checkbox"/> 9 Month Plan (Sep. through May)								
Date of first payment: ____/____/____ Date of last payment (optional): ____/____/____	Payment frequency: <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on _____ <input type="checkbox"/> Semi-Monthly (transferred on 1 st and 15 th of each month)	Amount of first payment: \$ _____ Amount of ongoing payment: \$ _____ Amount of last payment (optional): \$ _____						
CHECKING / SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ 						
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.							
Authorized Signature: _____		Date: _____						

If using a checking account, please attach a voided check at the bottom of this page.