



Forest Lake

EDUCATION CENTER

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Name on Account _____

Student's Name(s) _____

I (we) hereby authorize _____, hereinafter called Forest Lake Education Center, to initiate debit entries to my (our) ___ Checking Account / ___ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called *First Colony Bank*, and 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 U.S. law. I (we) request the transaction to take place on the ___ 17th / ___ 28th (select one) of each month of the school year (July-June) for the balance of my account, inclusive of Registration Fees debited on July 28, 2017.

Bank _____ Branch (opt.) _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until Forest Lake Education Center has received written notification from me (or either or us) of its termination in such time and in such manner as to afford Forest Lake Education Center and *First Colony Bank* a reasonable opportunity to act on it.

Name(s) _____
(Please Print)

Date _____ Signature _____

NOTE:

- **A VOIDED CHECK IS REQUIRED.**
- PLEASE ALLOW FOR 6 BUSINESS DAYS FROM THE TIME OF TURNING IN THIS FORM AT THE ACCOUNTANT OFFICE, FOR THE INITIAL DEBIT TO OCCUR.
- WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVED MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.