



CULLMAN CHRISTIAN SCHOOL
Donation Payment Selection

AUTHORIZATION AGREEMENT DIRECT PAYMENTS
(ACH DEBITS)

I (we) hereby authorize CULLMAN CHRISTIAN SCHOOL, hereafter referred to as COMPANY to debit entries to my (our) account and the financial institution named below, hereinafter called FINANCIAL INSTITUTION. I (we) acknowledge that the organization of ACH transactions to (our) account must comply with the provisions of U.S. law.

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Financial Institution Name

Please debit my bank account in the amount of \$_____ monthly beginning on the 2nd day of February, 2008.

Signature

Date

PLEASE ATTACH A VOIDED CHECK.