

DIRECT PAYMENT AUTHORIZATION FORM

I (we) hereby authorize Peace Lutheran Church to initiate electronic debit entries to my checking ☐ savings ☐ account for payment of my childcare services.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date: _____

Financial Institution Name (Please Print) _____

Account Number at Financial Institution _____

Financial Institution Routing/Transit Number _____

Financial Institution City and State _____

Signature: _____