



## PIEDMONT ACADEMY

### AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH DEBITS)

I (we) hereby authorize PIEDCMONT ACADEMY, INC., hereinafter called COMPANY, to initiate debit entries to my (our) ☐CHECKING ACCOUNT, ☐SAVINGS ACCOUNT (select one) indicated below at the depository financial institution named below, hereafter called the DEPOSITORY, and to debit the same to such amount. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

This authorization 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 in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s): \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Choose one: ☐1st day of the month                      or                      ☐10th day of the month

**Please attach a VOIDED check.**

