



River's Edge Christian Academy ACH Authorization Form

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize River's Edge Christian Academy to initiate entries to my (our) checking/savings accounts at THE FINANCIAL INSTITUTION listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect unless notified by me (us) in writing to cancel it in such time as to afford River's Edge Christian Academy and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

(Signature)

(Date)

(Name - PLEASE PRINT)

(Email Address - PLEASE PRINT)

(Address - PLEASE PRINT)

(Phone Number - PLEASE PRINT)

Please withdraw the following amount from my (our) checking/savings account on the 15th of each month in which there is a regularly scheduled tuition payment due:

Set amount: \$ _____/month - or - Amount of current balance due/month (no set amount)

Financial Institution Routing Number: _____

Checking/Savings (circle account type) Account Number: _____

These numbers are located on the bottom of your check as follows:

Ⓜ 123456789 Ⓜ 1234567890123 Ⓜ
Routing Number Account Number

****PLEASE ATTACH A VOIDED CHECK TO CONFIRM THE ACCOUNT NUMBER TO BE USED****

Please return this form along with your voided check to:

ATTN: Finance Manager

River's Edge Christian Academy

P. O. Box 31733

Knoxville, TN 37930