Customer Authorization for Direct Payment for Pre-School Tuition by ACH DEBIT by Southfield Public Schools

I authorize SOUTHFIELD PUBLIC SCHOOLS to initiate NINE (9) recurring monthly ACH/electronic debits of **$783.00** each, occurring on the 1st business day of each month, beginning with September 1, 2015 and concluding May 1, 2016, from my account which follows:

Depository Name (name of bank or financial institution):
_____

Routing Number: _____

Account Number: _____
☐ Checking or ☐ savings account

I agree that ACH transactions I authorize comply with all applicable law.

I understand that this authorization will remain in full force and effect through May 1, 2016 or upon written notification that I wish to revoke this authorization. I understand that Southfield Public Schools requires at least two weeks prior notice in order to cancel this authorization.

Printed Name of Account Owners: _____

Signature: _____Date: _____

It is recommended that you print a copy of this authorization and maintain it for your records.