



**AUTHORIZATION AGREEMENT
FOR PREARRANGED PAYMENTS (DEBITS)**

Student Name _____ Grade _____

This is my authorization to Glenforest School, ID # 57-0982351

to automatically debit my CHECKING SAVINGS (please check appropriate account)

ACCOUNT # _____

Bank ABA Routing # _____

NAME OF FINANCIAL INSTITUTION _____

CITY _____ STATE _____ ZIP _____

20TH

_____ amount

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if, within 15 calendar days following the date on which I was sent a statement of account or written notice of such entry of 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is in error and requesting credit back to my account.

THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE

Parent or Guardian's Name (please print) _____ Date _____

Signature _____ Date _____

ATTACH VOIDED CHECK HERE