

_____ Last Name (For Office Use Only)

**ACH DEBITS
AUTHORIZATION FOR
PRE-AUTHORIZED PAYMENTS**

\$ _____ Tuition Amount to Debit _____ Child(ren) name(s)

**AGREEMENT for Pre-Authorized Payments
(ACH DEBITS)**

A voided check must accompany this request

First Baptist Georgetown Children's Weekday Education (FBG CWE)

Tax ID 74-1356592

I (we) hereby authorize Children's Weekday Education Center to initiate debit entries to my (our)

Checking Account Savings Account (check one)

Indicate below and the bank (DEPOSITORY) name to debit such indicated amount

DEPOSITORY/BANK

Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Bank ROUTING Number: _____

Bank ACCOUNT Number: _____

This authority is to remain in full force and effect until Children's Weekday Education Center has received notification from me (or either of us) of its termination in such time and in such manner as to afford Children's Weekday Education Center and BANK a reasonable opportunity to act upon it.

Name(s) as appears on your account(s): _____

Date: _____ Signature: _____