

Branch Banking and Trust (BB&T)

Authorization Agreement for Automatic Debits (ACH Debits)

Parent Name: _____
(please print)

We (I) hereby authorize *North Raleigh Christian Academy*, hereinafter called COMPANY, to initiate debit entries to the account indicated below and the Bank named below, hereinafter called BANK, for the purpose of making Aftercare payments for my/our child/ren.

____ Checking or ____ Savings (**Select one**)

Bank Name: _____

City: _____ State: _____

Transit/ABA No.: _____ Account No. _____

This authorization is to remain in full force and effect until COMPANY has received written notification from said parent of its termination in such time and in such a manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

(If using checking account, please attach a voided check.)

Signature: _____

Date: _____

Please provide Student's name(s) and grade(s):

Student's Name

Grade
