

Shimek Before and After School Program
AUTHORIZATION FOR DIRECT DEBIT
(ACH Debits)

I (We) hereby authorize **Shimek Before and After School Program** (hereinafter called **Shimek BASP**) to initiate Debit entries to my (our) account(s) indicated below on or about the 1st day of each month and the depository financial institution named below, herein after called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

Depository Name: _____
(Name of Bank)

Branch: _____ City: _____ State: _____ Zip: _____
(Optional)

Routing/Transit # (9 Digits): _____ Account Number: _____

Type of Account (Check One): Checking Savings

This authority is to remain in full force and effect until SHIMEK BASP has received written notification from me (or either of us) of its termination in such time and in such manner as to afford SHIMEK BASP and Depository a reasonable opportunity to act: at least two (2) weeks prior to the next scheduled ACH transaction.

Name(s): _____

Signature: _____ Date: _____

Address: _____ Phone: _____

ATTACH VOIDED CHECK HERE