



**AL-IHSSAN SUNDAY SCHOOL
Authorization Agreement Direct Payments
(ACH DEBITS)**

Student(s) Name(s): _____

Please attach a copy of a voided check to this form and retain a copy of the form for your records

{ Please select one of the options with regards to the number of debit entries and account type }

I (we) hereby authorize Al-Ihssan Sunday School to initiate --- a one time debit entry OR --- 2 debit entries to my (our) --- Checking Account OR --- Saving Account indicated below at the depository financial institution named below and to debit the same to such account.

Amount \$ **Start Date**

End Date (Fill only if paying over 2 installments)

I (we) acknowledge that the organization of ACH transactions to my (our) account must comply with the provision of U.S law.

Bank/Depository Name:.....

Branch:.....

City: State:.....

Zip:.....

Banking Information (For Banks in the US only)

Checking Account Saving Account

(if selecting a savings account, please contact your bank for the correct routing number)

Bank Routing # (ABA) No. (9digits):.....

Account No......

Parent/Guardian Name(s):

(Please Print)

Signature:.....**Date:**.....

If your Bank is unable to process any electronic ACH debit entry, you authorize Al-Ihssan Sunday School to resubmit the ACH debit entry up to two additional times within the net 30 days. If your payment is dishonored or returned unpaid by your Bank, you agree that Al-Ihssan Sunday School may charge a return item fee and/or late charge to your bank account. You also acknowledge that your bank may also impose its own additional fees according to your Deposit Account Agreement with such Bank. You also acknowledge that the organization of ACH debit entries to your Checking Account must comply with and will be governed by the provisions of applicable laws and rules of the National Automated Clearing House applicable to the transaction.