



# Hopi Mission School Inc.

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Customer Name \_\_\_\_\_

I hereby authorize Hopi Mission School, hereinafter called COMPANY, to initiate debit entries to my  
 Checking account  Savings account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

### Fill in all that are applicable:

**Recurring Debit:**

Dollar Amount or \*Range of Recurring Debits \_\_\_\_\_

Starting \*\*Date for Debits: \_\_\_\_\_ Frequency: \_\_\_\_\_

**Multiple Debits:**

Amount of Debits \_\_\_\_\_

Start Date of Debits \_\_\_\_\_ Total number of Debits \_\_\_\_\_

**Single Entry Debit:**

Amount of Debit \_\_\_\_\_ Date of Debit \_\_\_\_\_

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

Name \_\_\_\_\_  
(please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER (Customer) MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR (Company) IN THE MANNER SPECIFIED IN THIS AUTHORIZATION.**

**\*A range of debits can be indicated for such situations where the amount will vary from month to month. Example of this would be an Electric or DWP bill. For a Range to exist merchant must either obtain an authorization from the customer for that range or notify the customer at least 10 days in advance of the debit**

**\*\*If there is a change in the set date of a debit, merchant must notify the customer minimally 7 days in advance.**