

Authorization for Electronic Bank Draft Payments

(completed with each new school year)

COMPANY NAME: Episcopal Day School

I (We) hereby authorize the Episcopal Day School, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our)

CHECK ONE: **Checking account** **Savings account**

indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

_____ DEPOSITORY (BANK) NAME		_____ BRANCH
_____ CITY	_____ STATE	_____ ZIP
_____ TRANSIT/ROUTING NUMBER (or attach a voided check)	_____ ACCOUNT NUMBER	

This authority is to remain in full force and effect until the COMPANY has received notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and the DEPOSITORY a reasonable opportunity to act upon it.

NAME(S) _____
(as listed on the account)

STUDENT(S) _____ GRADE(S) _____

DEDUCT FOR *(Please circle one or both):* TUITION DAYCARE

SIGNATURE OF RESPONSIBLE PARTY _____
DATE _____