

DIRECT PAYMENT AUTHORIZATION

I (we), _____, hereby authorize **First Baptist Academy**, hereinafter called **FBA**, to initiate credit entries into the **FBA checking account** at Bank of O'Fallon. These entries are authorized from my account at the financial institution named below, hereinafter called DEPOSITORY. This debit to my account at my Depository is authorized in the amount listed below. Also, if necessary I authorize the **FBA** to initiate any adjusting entries (debits or credits) to correct any error to my (our) account listed below. This authority is to remain in full force and effect until **FBA** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **FBA** and **DEPOSITORY** a reasonable opportunity to act on it.

Depository Name	
City, State and Zip	
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Amount:
Transit/ABA #:	Account No.:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Signature

Date

Signature

Date

**Attach Your Voided Check Here
(if checking account is to be used)**

Please check (✓) one only:

-] **5th** This direct payment will be monthly on the 5th of the month in the amount as indicated above.
-] **15th** This direct payment will be monthly on the 15th of the month in the amount as indicated above.
-] **5th & 15th** This direct payment will be semi-monthly on the 5th and the 15th of the month in the amount as indicated above.

Note: Deposit slips do not show the transit/ABA number and therefore cannot be used.

****Verify with the banking institution the correct electronic ABA/routing number to use for proper debiting/crediting of your account.**

For First Baptist Academy -- Use Only

Starting Date: _____

Expiration (last date of transmission) Date: _____