



Authorization Agreement for Direct Deposit

I hereby authorize Christian Family Credit Union aka CFCU to originate electronic debits from my account as identified below. This authorization remains in effect for the current school year.

I hereby certify that I am an account owner or an agent authorized to transact business on the account(s) identified below. I acknowledge that the origination of ACH transactions from my account must comply with all applicable state and federal laws.

I hereby authorize the origination of electronic debits from my account as follows:

Name of My Financial Institution: _____

Routing Number: _____ Account Number: _____

Anderson Hills Preschool Program: *(Please check one)*

_____ 2 Day \$108/month

_____ 3 Day \$160/month

_____ 4 Day \$202/month

_____ 5 Day \$240/month

For *(Child's Name)*: _____

Debit my account in the amount of \$_____ on the 15th of each month, beginning September 2022 and ending May 2023 and credit Anderson Hills Preschool's checking account.

Name *(as listed on the account)*: _____
(Please Print)

Signature: _____ Date: _____

PLEASE INCLUDE A VOIDED CHECK

Anderson Hills Preschool, 7515 Forest Road, Cincinnati, OH 45255
Local (513) 231-4688 * Fax (513) 624-2503
www.andersonhills.org