



### 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 \$115/month

\_\_\_\_ 3 Day \$165/month

\_\_\_\_ 4 Day \$206/month

\_\_\_\_ 5 Day \$242/month

For *(Child's Name)*: \_\_\_\_\_

Debit my account in the amount of \$\_\_\_\_\_ on the 15<sup>th</sup> of each month, beginning September 2023 and ending May 2024 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) 672-9471  
[www.andersonhills.org](http://www.andersonhills.org)