

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

____ 5 Day \$242/month 4 Day \$206/month

For (Child's Name):

Debit my account in the amount of \$_____ on the 15th of each month, beginning September 2025 and ending May 2026 and credit Anderson Hills Preschool's checking account.

Name (as listed on the account): ______(Please Print)

Signature: Date:

PLEASE INCLUDE A VOIDED CHECK

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