



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 \$119/month

____ 3 Day \$170/month

____ 4 Day \$210/month

____ 5 Day \$245/month

For *(Child's Name)*: _____

Debit my account in the amount of \$_____ on the 15th of each month, beginning September 2026 and ending May 2027 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 (physical)
7663 Five Mile Road, Cincinnati, OH, 45230 (mailing)
(513) 231-4688 * Fax (513) 672-9471
www.andersonhills.org/preschool