



Emmanuel Baptist Church dba

Shiloh Christian Academy

Direct Withdrawal Agreement Form

Authorization Agreement

I hereby authorize **Emmanuel Baptist Church dba Shiloh Christian Academy** to initiate automatic withdrawals from my account at the financial institution named below. I also authorize **Emmanuel Baptist Church** to make deposits to this account in the event that a debit entry is made in error.

Further, I agree not to hold **Emmanuel Baptist Church dba Shiloh Christian Academy** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Emmanuel Baptist Church dba Shiloh Christian Academy** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Finance Office.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Account Holder Name(s): _____

Signature

Authorized Signature: _____ Date: _____

Contact info: Email & Phone _____

Please attach a voided check and return this form to Shiloh Christian Academy Principal.

If you currently pay tuition by direct withdrawal and no bank or account # changes apply for the next school year, you do not need to provide another check. Simply write "same" across the account information portion above.

Student Information:

Student name: _____

Class: T-TH MWF KR K

Amount of monthly withdrawal: \$ _____

Date of first withdrawal: _____

Student name: _____

Class: T-TH MWF KR K

Amount of monthly withdrawal: \$ _____

Date of first withdrawal: _____

Student name: _____

Class: T-TH MWF KR K

Amount of monthly withdrawal: \$ _____

Date of first withdrawal: _____