



CAPROCK ACADEMY 2014 - 2015
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (We) hereby authorize Caprock Academy to initiate debit entries in the amount of

☐ \$50.00 ☐ \$100.00 ☐ \$300.00 ☐ \$500.00 ☐ \$1000.00 ☐ Other _____

to be withdrawn from my (our) ☐ Checking Account or ☐ Savings Account (select one) as a

☐ One-time payment or ☐ Monthly payment (beginning October 15, 2014 and ending June 15, 2015)

as indicated at the depository financial institution named below, hereinafter called DEPOSITORY, and

to debit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

To terminate monthly ACH payments prior to June 15, 2015 - This authorization is to remain in full force and effect until Caprock Academy has received **written notification** from me (us) of its termination in such time and in such manner as to afford Caprock Academy a reasonable opportunity to act on it.

Name: _____ Name: _____
(please print) (please print)

Signature: _____ Signature: _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Please attach a voided check, deposit slip, or bank account information sheet containing the bank's routing/transit number (ABA) and your account number.