

Authorization Agreement For ACH Transfer to The Covenant School

*** PLEASE COMPLETE ONE FORM FOR EACH DEBIT REQUEST**

Student's name: _____

I (we) hereby authorize and release Covenant school, (herein after called the School), to make a withdrawal of \$_____ on a monthly basis starting the 13th day of _____ (month), 2011 and ending June 30, 2012 by initiating debit entries to my (our) account indicated below in the bank named below, herein after called Bank, and I (we); authorize and request Bank to accept any debit entries initiated by school to such account and to debit the same such account without responsibility for the correctness thereof.

I (we) also authorize and request the School to effect repayment to me (us) for amounts owed because of a prior erroneous debit to my (our) account if prior to the initiation of the correcting entry the School has sent or delivered to me written notice of the correction and the reason therefore and the correcting entry is transmitted in such a time as to be delivered or made available to Bank before midnight of the tenth day next following settlement for the erroneous entry.

It is understood that this agreement may be terminated by me (either of us) at any time by written notification to the School's business office. Any such notification to the school shall be effective only with respect to entries initiated by the School after receipt of such notification and a reasonable opportunity to act on it.

I (we) recognize, acknowledge and accept that this service is being provided for my (our) convenience. As such I (we) agree to hold the School, each participating bank and NACHA harmless from any claim incident to the operation of this plan, arising from any act or omission by the School and their employees, including without limitation any claim based on alleged loss as a result of non-debit of any charge, and any claim which may be made by any depositor as a result of the rejection of any debits because of insufficient funds arising from debiting my (our) account. All fees incurred by the School for insufficient funds or improper bank information will be debited on the next monthly cycle.

Name(s) on Account: _____ Bank Name: _____

Account Number: _____ Routing Number: _____

Account Type: _____ Checking _____ Savings

Owners Name: _____ Co-Owners Name: _____

Owners Signature: _____ Co-Owners Signature: _____

Date: _____ Date: _____

ATTACH VOIDED CHECK