



Al Madina School of Richmond

Authorization Agreement for Automatic Debits (ACH Debits)

*** Please retain a copy for your records ***

Parent/Donor Name:

I hereby authorize **Al Madina School of Richmond**, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (select one)

Checking Savings account indicated below and the bank named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account. I have attached a voided check to this form to verify the information I have given.

Depository (Bank) Name: _____ Branch: _____

City: _____ State: _____

Transit/ABA (Routing) Number: _____ Account Number: _____

Amount for Monthly Debit: \$ _____ Purpose (tuition, pledge, donation): _____

Student Name(s): _____

Starting Date (7th of month): _____ Ending Date (unless ongoing): _____

This authorization is to remain in full force and effect until **Al Madina School of Richmond** has received written notification from me of its termination in such time and in such manner as to afford Al Madina and Bank, a reasonable opportunity to act on it.

Signature of Authorizing Party Date

[copy/tape image of voided check]