AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT (ACH)

Company Name:	Madison Methodist Church (MMC ASC/PS)
Check One:	AFTER SCHOOL CARE
	MMC PRESCHOOL
Company Tax ID	: <u>93-1720256</u>
adjustments for an	authorize MMC, hereinafter called COMPANY, to Initiate debit entries, credit entries and my debit entries in error to my (our)CheckingSavings (select one) indicated below y named below, hereinafter called BANK, to debit and/or credit the same to such account.
BANK NAME:	
ROUTING NUM	MBER: (First set of numbers at bottom of check) MBER: (Your Bank Account Number)
	to remain in full force and effect until COMPANY has Received written notification from me f its termination in such time and in such manner as to afford COMPANY and BANK a runity to act on it.
NAME(s):	(Parent or Guardian)
CHILD'S NAMI	(Parent or Guardian)
ID NUMBER: S	S#, or Driver's License:
SIGNED:	DATE:
OFFICE USE O	NLY: DATE RECEIVED

MUST HAVE VOIDED CHECK ON FILE

STAPLE VOIDED CHECK HERE