

**AUTHORIZATION AGREEMENT**  
(ACH Debits)

**Central Christian College of Kansas**

1200 S Main St  
McPherson, KS 67460

I (we) hereby authorize **Central Christian College of Kansas**, hereinafter called COMPANY, to initiate debit entries from my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of US law.

\_\_\_\_\_  
(Financial Institution Name) (Branch)

\_\_\_\_\_  
(Address) (City/State) (Zip)

\_\_\_\_\_  
(Routing/Transit Number) (Account Number) Type of Acct: \_\_\_ Checking \_\_\_ Savings

Transfer Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Frequency: \_\_\_\_\_ Termination Date: \_\_\_\_\_

**Amount of Payment** \$ \_\_\_\_\_

COMPANY and/or FINANCIAL INSTITUTION indicated reserve the right to end this transfer plan and my participation in it.

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
Name(s) Phone

\_\_\_\_\_  
(Address) (City/State) (Zip)

\_\_\_\_\_  
Signature Date

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!**