

Central Christian College of Kansas

**AUTHORIZATION AGREEMENT  
(ACH Debits)**

1200 S. Main St.  
McPherson, Ks 67460

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

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

\_\_\_\_\_  
(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 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) \_\_\_\_\_

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

Phone number(s) \_\_\_\_\_

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