

Debit Authorization Agreement

I (We) hereby authorize Fidelity Bank (Huxley, Iowa) to automatically withdraw the amount designated below from my checking account.

Payment Amount to be Withdrawn: \$ _____

Checking Account Number: _____

My Banks' Routing Number _____

Name of Bank: _____

Bank Street Address: _____

City : _____ State: _____ Zip Code: _____

I (We) authorize the said amount to the Ames Christian School account #604983 on the 1st day of each month.

Transfer Schedule: (form must be submitted to ACS 10 days prior to the first transfer date)

Start Date: _____

Final Transfer Date: _____ (10 month billing cycle ends in June)

The authority is to remain in effect for the months that I (we) have indicated on this form or until Fidelity Bank (Huxley, Iowa) has received notification from me (or from either of us) of its termination in such manner as to afford Fidelity Bank a reasonable time to act on it.

Signature: _____ Date: _____ Phone Number: _____

Co-Signature: _____ Date: _____ Phone Number: _____