



ACH Authorization Agreements
Direct Payment Withdrawal Authorization Form

I hereby authorize the HONEY CREEK COMMUNITY SCHOOL FOUNDATION to initiate debit entries, from my account indicated below, for payment of the amount listed on this agreement. I, also, authorize HONEY CREEK COMMUNITY SCHOOL FOUNDATION or CHELSEA STATE BANK to reverse any debits made to such account in error. This authority is to remain in full force and effect until HONEY CREEK COMMUNITY SCHOOL FOUNDATION has received written notification from me of its termination in such time and in such manner as to afford HONEY CREEK COMMUNITY SCHOOL FOUNDATION and CHELSEA STATE BANK a reasonable opportunity to act on it.

Date	Name (Print)	Financial Institution Name
<hr/>		
Account Number	Financial Institution Number (Routing Number)	
<hr/>		

NOTE: Always get the Financial Institution Number from a check; never use the information from a deposit slip.

IMPORTANT! CIRCLE TYPE OF ACCOUNT: CHECKING or SAVINGS

Please Withdraw \$_____ from my account

Funds will be withdrawn between the 5th and the 15th of every month.

Signature _____ Amount _____

TAPE YOUR VOIDED CHECK HERE