

ACH Debit Authorization Form

Business to Debit Account

Caspar Creek Learning Community, Inc.	(707) 964-6234		
Authorized Business Name	Authorized Business Phone Number		
PO Box 547	Mendocino	CA	95460
Authorized Business Address	City	ST	Zip

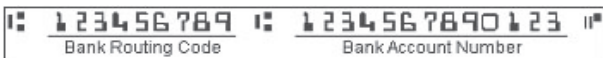
Account Holder Information

Account Holder Name	Account Holder Business Name (if business account)	Account Holder Phone
Account Holder Address	City	ST Zip

Account Holder's Bank Information

Account Holder's Bank Name	Branch City	ST	Zip
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Bank Routing Number (9 digits)	Bank Account Number	Account Type: <input type="checkbox"/> Business Checking <input type="checkbox"/> Personal Checking <input type="checkbox"/> Savings
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How to find your Routing and Account Numbers on a check

Payment Information

Donation

Description/Goods Purchased/Services Rendered

Recurring: <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes																		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">Payment Date</td> <td style="width: 30%; border-bottom: 1px solid black;">8/10/2018</td> <td style="width: 30%; border-bottom: 1px solid black;">9/10/2018</td> <td style="width: 10%; border-bottom: 1px solid black;">_____ or <input checked="" type="checkbox"/> Indefinite</td> </tr> <tr> <td style="font-size: x-small;">\$ _____</td> <td style="font-size: x-small;">_____ Weekly _____ Biweekly <input checked="" type="checkbox"/> Monthly _____ Quarterly _____ Semi-annually _____ Annually</td> <td colspan="2"></td> </tr> <tr> <td style="font-size: x-small;">Amount of Payment</td> <td style="font-size: x-small;">\$ _____</td> <td style="font-size: x-small;">\$ _____</td> <td style="font-size: x-small;">\$ _____</td> </tr> <tr> <td></td> <td style="font-size: x-small;">Amount per Payment</td> <td style="font-size: x-small;">Add to First Payment</td> <td style="font-size: x-small;">Add to Last Payment</td> </tr> </table>	Payment Date	8/10/2018	9/10/2018	_____ or <input checked="" type="checkbox"/> Indefinite	\$ _____	_____ Weekly _____ Biweekly <input checked="" type="checkbox"/> Monthly _____ Quarterly _____ Semi-annually _____ Annually			Amount of Payment	\$ _____	\$ _____	\$ _____		Amount per Payment	Add to First Payment	Add to Last Payment			
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Amount of Payment	\$ _____	\$ _____	\$ _____																
	Amount per Payment	Add to First Payment	Add to Last Payment																

Authorization

Single Use

I hereby authorize the above-named Business to Debit the Bank Account referenced herein, via the Automated Clearing House system, according to the parameters specified herein. This authority will remain in effect until the payment(s) are completed as specified herein. Furthermore, I authorize First ACH to debit, if the payment is returned for any reason, a rejected/returned item fee of \$25 or the maximum amount allowed by law.

Until Revoked

I hereby authorize the above-named Business to Debit the Bank Account referenced herein, via the Automated Clearing House system. This authority will remain in effect until revoked in writing by the undersigned account holder. Furthermore, I authorize First ACH to debit, if the payment is returned for any reason, a rejected/returned item fee of \$25 or the maximum amount allowed by law.

Signature of Account Holder	Print Name of Account Holder	Date
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