



# Lighthouse Christian Academy

## ACH Authorization Form

Child Name: \_\_\_\_\_

Grade: \_\_\_\_\_

School Year: 2008-2009

### Credit / Debit Authorization

I (we) hereby authorize Lighthouse Christian Academy, Inc. (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION 10 business days to act on it.

\_\_\_\_\_  
(Name – PLEASE PRINT)

\_\_\_\_\_  
(Address – PLEASE PRINT)

\_\_\_\_\_  
(E-mail Address – PLEASE PRINT)

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address of Financial Institution – Branch, City, State & Zip)

\_\_\_\_\_  
(Signature) (Date)

Monthly Tuition Amount \_\_\_\_\_ Max Amount \_\_\_\_\_

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

Draft Date: 5<sup>th</sup> of the Month

Financial Institution Routing Number \_\_\_\_\_

Checking/Savings Account Number \_\_\_\_\_

\*\*\* Attach a VOIDED Check with this form for bank account verification \*\*\*



*Lighthouse Christian Academy*  
3660 Shelby Road, Millington, TN 38053  
(901) 873-3353