

DEBIT AUTHORIZATION

Name _____

Name of financial institution _____

Bank ABA/Routing number _____

Account Number _____

Please check one of the following: Checking Savings

I hereby authorize Legacy Bank to debit my account on the first day of each month for the amount of \$ _____ from the above named account at the above named institution starting October 2010, and ending May 2011. These funds will be deposited into the account of the Bondurant Christian Church Preschool for tuition payment.

Signature _____

Date _____