

NORRIS SCHOOL DISTRICT EXTENDED DAY CLASS (EDC)
E-CHECK PAYMENT AUTHORIZATION

I authorize *Norris School District EDC* to initiate either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below.

I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Terms of Billing

Starting on _____ and on the 1st but no later than the 6th of each
month following through _____ for the amount due on account(s),
month/day/ year month/day/ year

or

On _____ a one time payment to for the amount due on account(s).
month/day/ year

Child(ren) Account(s):

Bank Information:

Bank ABA Number -Customer's Routing Number: _____

Bank Account Number- Customer's Account Number: _____

Bank Account Type, circle one: Checking Savings Business Checking

This payment authorization is to remain in full force and effect until I _____, notify *Norris School District EDC* of its cancellation by sending written notice in such time and in such manner to allow both the *Norris School District EDC* and receiving financial institution a reasonable opportunity to act on it.

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Customer Signature

Phone Number

Customer Printed Name

Date Signed