





ACH DRAFT FORM

Dear Parents of _____

| Please fill in the form below and attach a voided check. Your draft amount will be for 2 weeks of tuition payments and will be drafted from your checking account every other Monday. | |
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| If you have any questions, please call the ELC office. | |
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| Authorization Agreement for Pre-authorized Payments | |
| I/We hereby authorize First United Methodist Church/Iberia Bank, hereinafter called bank, to initiate debit entries to my account below and the depository named to debit the same to such account. | |
| This authorization is to remain in full force and effect until bank and depository have received written notification from me/us of its termination in such time and in such manner as to afford bank and depository a reasonable opportunity to act on it. | |
| Depository name (your bank): | |
| City: | State: |
| The amount to begin on August 8, 2022 | will be |
| Signature: | Date: |
| Print Name (on account): | |