



# HILLCREST ACADEMY

ACADEMICS that INSPIRE. FAITH that LEADS.

## AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT)

I (We) hereby authorize **Hillcrest Academy** (hereinafter called Company) to initiate Debit entries to my (our) account(s) indicated below on or about date indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of EFT transactions to my (our) account must comply with provisions of U.S. law.

Depository Name (Name of Bank): \_\_\_\_\_

Branch \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Routing/Transit # \_\_\_\_\_ (9 digits)

Account Number: \_\_\_\_\_

Amount \$ \_\_\_\_\_

(Check one) Checking \_\_\_\_ Savings \_\_\_\_

(Check one) Date to withdraw funds 1st \_\_\_\_ 20th \_\_\_\_ 30th \_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and Depository a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

PLEASE ATTACH VOIDED CHECK