



PAES DEBIT AUTHORIZATION

Please fill out and return with a **voided check** from your checkbook.

I authorize PAES and the financial institution listed below to initiate electronic entry each month to my

Circle one: **CHECKING ACCOUNT** or **SAVINGS ACCOUNT**

The deduction will be on the 10th (or nearest business day) of each month for \$ _____
(or "amount of monthly statement balance")

The authorization is to remain in full force and effect until Portland Adventist Elementary School (PAES) has received written notification of its termination in such time and in such manner as to afford PAES and Depository a reasonable opportunity to act on it.

PORTLAND ADVENTIST ELEMENTARY SCHOOL
Company Name

Financial Institution (your bank)

Name (Please Print)

City

State

E-mail (For notification)

Signature

Account Number

Date

Routing and transit number (9 digits)

I understand that Portland Adventist Elementary School will notify me in writing 10 days prior to any transaction that exceeds the agreed upon amount of

\$ _____ by more than \$ _____.

_____ **(PLEASE INITIAL)** I understand that PAES may initiate a reversal of any entry made under this agreement if an error has been made. I understand that the financial institution at which I have the above account is required to provide to me the procedures for resolving errors on entries made under this agreement. I understand that PAES will provide a written notice to me of the error within 24 hours.

ORIGINAL to Office File

COPY to Parent