



**THE GENEVA SCHOOL  
ACH DEBIT AUTHORIZATION**

***ANNUAL FUND DONATIONS***

*I (we) hereby authorize **The Geneva School** to initiate debit entries to my (our) account to the depository financial institution named below and to debit the same to such account. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law.*

*I acknowledge that the debit transaction will take place on the first day of the month for the **Annual Fund donations** beginning on: \_\_\_\_\_.*

*I will be charged a \$25 fee in the event an ACH payment is rejected. If a second rejection should occur it will result in an additional \$25 late fee and discontinuance of ACH direct payment processing.*

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

Total Contribution: \$ \_\_\_\_\_  
Amount per Month: \$ \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_  
Branch: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number (9 digits): \_\_\_\_\_  
Account Number: \_\_\_\_\_

Checking account       Savings Account      (select one)

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE: Please attach a VOIDED CHECK to this authorization if a checking account will be debited.**