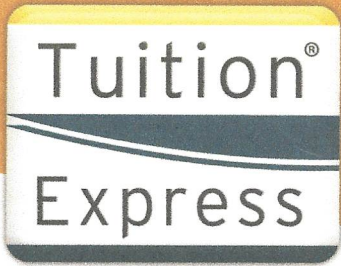




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ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT

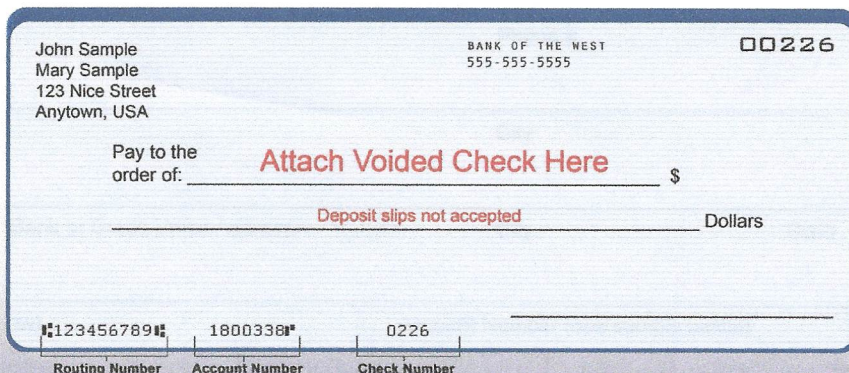
I (we) hereby authorize (business name) Sanlando Christian School to initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments.

SECTION B (Bank Account)

Form fields for account information: Your Name, Phone #, Address, City, State, Zip, Bank or Credit Union Name, Bank or Credit Union Address, City, State, Zip, Routing Transit Number, Account Number, Checking, Savings, Authorized Signature, Date.

For Official Use Only

Form fields for official use: Date Received, Employee Signature.



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