

Authorization Agreement for Victory Christian Academy Tuition Auto Withdrawals

I (we) hereby authorize Victory Christian Academy to initiate debit entries from my (our) account indicated below at the financial institution named below, and to debit the same to such account. The transactions will take place at the time my tuition bill is due. I (we) acknowledge that the origination of ACH (Auto Withdrawals) to my (our) account must comply with the provisions of the U.S. Law.

Financial Institution:

Bank Name: _____

Routing Number: _____

Account number: _____

Account type (please circle): Checking Savings

Authorization:

This authorization is to remain in full force and effect until Victory Christian Academy has received written notification from me (or either or us) of its termination at such time and in such manner as to afford Victory Christian Academy Scrip and the financial institution a reasonable opportunity to act on it.

Signature: _____

Date: _____

Print Name: _____

Please return form to school office or mail/email to: Victory Christian Academy
805 North 1st Avenue
Indianola, IA 50125
Email: office@gmail.com
Dr. Sandra Dop, Administrator
Martha Rowe, Administrative Assistant