



# Chapel Hill ACADEMY

Please Note: Families currently taking advantage of ACH Program do not need to resubmit this form

## ACH Debit Authorization

Name: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Bank Routing #: (see below)

Account #: (see below)

Savings  Checking



**Bank Routing #**  
(A 9-digit number  
always between these two marks)

**Check Account #**  
(Always between these two marks)

**Check #**  
(This number matches the number in  
the upper right corner of the check—  
not needed for sign-up)

Email address (for sending of confirmation): \_\_\_\_\_

I/We agree to have our account debited monthly beginning \_\_\_\_\_, 200\_\_ for the following payments:

- Monthly Tuition Payment
- Monthly Donation of \$ \_\_\_\_\_.

**A voided check is attached for this purpose.**

This authorization will remain in effect until canceled by the one or both of the following account holders:

Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_

*To make changes to your automatic withdrawal,  
please contact the Leslie Robertson, Finance Administrator  
robertsonl@chapel-hill.org or 952-949-9014, ext. 103.*