



CUSD Electronic Funds Transfer Authorization

I _____ authorize Carmel Unified School District to
(Full Name)

initiate debit entries to my (our) checking or savings account for childcare tuition payments on the 5th of each month. To properly affect the cancellation of this agreement, I (we) are required to give 10 days' written notice.

Billing Information

Name Phone #

Address City State Zip

Bank Account Information

Bank or Credit Union Name
 Checking Savings

Account Name Account Number

Routing Number

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the bookkeeper in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the case of an ACH Transaction being rejected for **Non-Sufficient Funds (NSF)** I understand there is an additional \$40 charge for each attempt returned **NSF**. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank, so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____
(Account Holder's Signature)

DATE _____

Joe Smith		1234
1234 Anystreet Court Anycity, AA 12345		
Pay to the order of _____		
_____ Dollars		
Bank Anywhere		
123456789	123456789123	1234

Routing Number **Account Number** **Check Number**

Attach Voided Check Here

Office Use

Date Received

Employee Signature