



**AUTHORIZATION AGREEMENT FOR ELECTRONIC ACCOUNT TRANSFERS  
(ACH CREDITS and/or ACH DEBITS)**

\*THIS FORM IS TO BE USED FOR NEW OR UPDATED ACCOUNT INFORMATION

Family  
Name \_\_\_\_\_

I (we) hereby authorize Hall & Associates d/b/a St. Anthony's Day School to initiate credit and/or debit entries to my (our)  Checking Account /  Savings Account (select one) indicated below at the depository financial institution named below, and to credit and/or debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the Provisions of U.S. law.

**NOTE 1: PLEASE ATTACH VOIDED CHECK HERE**

This authorization is to remain in full and effect until I (we) have given written notification of its termination in such time and in such as to afford Hall & Associates d/b/a St. Anthony's Day School and my bank a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_  
(Please Print)

Date \_\_\_\_\_

Signature(s) \_\_\_\_\_  
\_\_\_\_\_

**NOTE 2: WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**