

**AUTOMATIC PAYMENT AUTHORIZATION  
ACH BANK WITHDRAWALS  
FORM B**



I hereby authorize Adventist Malama Elementary School to use the same ACH payments from last school year, \_\_\_\_\_ to \_\_\_\_\_.

I understand these ACH withdrawals will be equal to the monthly tuition amount stated on the Student Payment Agreement Plan which I signed. The monthly ACH withdrawals will post on the ( ) 15<sup>th</sup> or the ( ) 25<sup>th</sup> of each month, or the following business day if the 15<sup>th</sup> or the 25<sup>th</sup> falls on a weekend or holiday.

Parent's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Student Name(s) \_\_\_\_\_

Month to start the withdrawal (month & year) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

This authorization is to remain in effect until Adventist Malama Elementary School has been notified of a change of account, bank, or when the student withdraws from the school.