

# Mattoon Academy of Gymnastics, Inc. ACH Authorization Form

STUDENT'S NAME \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

NAME ON BANK ACCOUNT \_\_\_\_\_  
(if different than parent's name)

FINANCIAL INSTITUTION \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

TYPE OF ACCOUNT     CHECKING         SAVINGS

AMOUNT TO BE DEBITED \$ \_\_\_\_\_

I hereby authorize Mattoon Academy of Gymnastics, Inc to withdraw fees directly from my account on the 5<sup>th</sup> of every month.

This authorization is to remain in full force and effect until Mattoon Academy of Gymnastics, Inc. has received written notification from me to discontinue withdrawal of payments. Discontinuance form must be received by the 15<sup>th</sup> of the prior month.

Mattoon Academy of Gymnastics, Inc shall incur no liability if the balance in the bank account of the member is insufficient to cover the draft or for any reason was not collectible. Any charges relating will be charged to my account.

I understand that it is my responsibility to notify Mattoon Academy of Gymnastics, Inc. immediately in writing should I change my account or financial institution

All transactions with your account shall be governed by the Electronic Fund Transfer Rules and Procedures and the Automated Clearing House (ACH) rules.

Signature of account holder \_\_\_\_\_ Date \_\_\_\_\_