



Debit Authorization Form

I (we) hereby authorize \_\_\_\_\_, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

If you do not already have an automatic tuition payment set up with GRM, please attach a voided check to this form. Citizens State Bank will not process this request without a voided check.

(Financial Institution Name) (City, State)

(Routing Number) (Account Number) \_\_\_ Checking \_\_\_ Savings

\*Amount of payment: \$ \_\_\_\_\_ \*Start Date of ACH: \_\_\_\_\_

\*Frequency of ACH: \_\_\_\_\_ \*Number of Payments: \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such a time and manner as to afford COMPANY a reasonable opportunity to act on it.

\* (Print Individual Name) (Date)

\* (Signature)

\*\* If you have already set up automatic tuition payment with GRM in the past, you still need to fill out the starred sections of this form.