

First Presbyterian Church
Day School

ACH Payment Agreement Form
Monthly Automatic Withdrawal Authorization

Thank you for enrolling in the ACH monthly payment plan for First Presbyterian Day School. Please complete this form completely and legibly. See our website for a draft schedule at www.firstpresssalisbury.org. Proof of payment will appear on your bank statement. All information is kept confidential.

RESPONSIBLE PARTY

Parent/Guardian Name(s): _____

Address, City, State, Zip: _____

Phone: _____ Email: _____

Student(s) Name(s): _____

BANK INFORMATION

Choose one: Checking Savings

Name(s) on checking/savings account to be used, if different from above:

Bank Name: _____

Routing Number: _____ Account Number: _____

Parent/Guardian Signature: _____

