

# HAWAIIAN MISSION ACADEMY KA LAMA IKI

1415 Makiki Street, Honolulu, Hawaii 96814 (808) 949-2033 Office (808) 955-2509 Fax www.kalamaiki.org

## ***AUTOMATIC PAYMENT AUTHORIZATION ACH CHECKING/DEBIT***

I/We hereby authorize Hawaiian Mission Academy Ka Lama Iki, herein called COMPANY, to initiate debit entries to my/our ( ) Checking ( ) Savings account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

I/We understand that these charges will include tuition, fees supervision, meals, and/or other school charges equal to the amount stated on my/our monthly statement. Monthly charges will post on the 15<sup>th</sup> of each month, or the following business day if the 15<sup>th</sup> falls on a weekend or holiday.

DEPOSITORY NAME/BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

ROUTING # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

DEBIT START MONTH (MO/YEAR) \_\_\_\_\_

**\*\*\*ATTACH A VOIDED CHECK OR DEPOSIT SLIP\*\*\***

This authorization 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 time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

PRINT NAME(S) \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

STUDENT NAME(S) \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**NOTE:**

1. I/We also authorize adjustment entries in the event of erroneous transactions to my/our account.
2. All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.