

Monthly Auto Withdrawal for Donation

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

NAME _____

I (we) hereby authorize **Ypsilanti Boys Preparatory Academy**, hereinafter called **YBPA**, to initiate monthly debit entries (as specified below) to my (our) [] Checking [] Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same to such account.

DEPOSITORY
NAME _____ **(Your Bank Name)**

CITY _____ **STATE** _____ **ZIP** _____

TRANSIT/ABA _____ **(9 Digit Number)**
(Routing Number)

ACCOUNT
NO. _____

MONTHLY AMOUNT AUTHORIZED FOR DEBIT:

\$10 **Other \$** _____

This authority is to remain in full force and effect until YBPA has received written notification from me (or either of us) of its termination. I understand that this transaction could take up to four weeks to be in effect.

NAME (S): _____

DATE: _____

SIGNED _____