

Bank Transfer Authorization Form

I authorize *The Center for Redemptive Education Inc.* to electronically debit my bank account according to the terms outlined below.

I acknowledge that electronic debits against my account must comply with United States law.

Terms of billing:

Start date (MM/DD/YYYY)

End date (MM/DD/YYYY)

to be paid on the 20th of each month, in the amount of \$_____.

Customer bank account information:

Routing number: _____

Account number: _____

Account type: Checking Savings

This payment authorization is to remain in effect until I (print name),

_____, notify *The Center for Redemptive Education Inc.* of its cancellation by giving written notice in enough time for the Center for Redemptive Education to have a reasonable opportunity to act on it.

Customer signature _____

Customer printed name _____

Date _____

Notification of any changes to this agreement should be sent to: treasurer@redemptiveeducation.org



The Center for Redemptive Education
8220 Little River Turnpike
Annandale, VA 22003