

River Oak Charter School Education Foundation

FINANCIAL PLEDGE FORM

My child's education at River Oak Charter School is very important to me. Therefore, I pledge to support the school

monthly quarterly annually

automatic ACH (**form attached**) on the 5th 25th of each month

I will bring cash or check on the _____ day of every month to the ROCS office.

Pledge amount: \$100 \$25 \$10 other \$ _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ alt. phone _____

I support Rudolph Steiner teacher training; my check is payable to ROCS Education Foundation

Please remind me by email _____

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH Debits)**

I authorize you River Oak Charter School to initiate ACH Debit entries ("Debit Entries") to my deposit account ("Account") at my Financial Institution named below. This authorization is for the deposit of recurring payments I owe you directly from my Account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. **IN ORDER TO TERMINATE OR REVOKE THIS AUTHORIZATION, I MUST NOTIFY YOU, THE ORIGINATING COMPANY, IN WRITING.** So long as this authorization has not been terminated or revoked, any Debit Entry originated by you under this authorization shall be conclusively presumed to be properly authorized for debit to my Account.

I understand that if my Account is closed, my Financial Institution cannot accept any Debit Entry and the entry will be refused. If this occurs you will not be able to reprocess the Debit Entry without further written authorization from me.

I authorize my Financial Institution to accept these Debit Entries to my Account upon receipt and without advice to me.

My Financial Institution Name: _____

Street Address or Branch: _____

City, State, Zip: _____

My Bank Account Number: _____ DDA []

Bank Routing/Transit Number _____

Name(s) on the Account: _____

Authorized Debit Entries: You are authorized to originate Debit Entries to my Account to pay recurring amounts owed by me on the 5th day or the 25th day of the month (or business day preceding that day if that day is not a business day.). Please send all notices and advices to the address shown below my signature.

I also authorize adjustment entries in the event of erroneous transactions to my account.

I hereby certify that I am an owner and authorized signer of the Account. I acknowledge receiving a copy of this authorization. You may supply a copy of this Authorization Agreement to my Financial Institution or to your bank upon request.

Date: _____ Signature _____

Address: _____

PLEASE ATTACH A VOIDED CHECK