

PLATTE VALLEY NATIONAL BANK
1212 Circle Drive
P.O. Box 2308
Scottsbluff, NE 69363-2308
(308) 635-2073 or 632-7004

**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT
23-24 School Year**

Dear Customer:

You and **your** means anyone who signs this agreement. **We, us** and **our** refer to **Platte Valley National Bank** (ABA #104102309).

In order to make payments to **Community Christian School** account #***2693 you authorize us to obtain funds by making withdrawals from your account as described below:

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account # _____

☐ Checking Account ☐ Savings Account

We make these withdrawals by initiating "debit entries" internally or through automated clearing house, and you authorize the depository to honor these withdrawals. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

The withdrawal will be in the amount of \$_____ per month, beginning in _____ **20**____ and continuing for the same amount every month until _____ **20**____ after which the payments will cease.

The authority you have given us and the depository will remain in effect during the period stated above OR until the depository has received written notification from you of the termination of this authority in such time and manner to afford the depository a reasonable time to act on it. You have the right to stop payment of any withdrawal by notifying the depository before it has charged your account. After your account has been charged, you may have the amount of a withdrawal made in error immediately corrected by the depository up to 15 days following notification or 45 days after posting, whichever occurs first.

If you agree to give this authority, and to be bound by these rules, please sign your name below.

Signature

Date

**** Attach a voided check to this application.****

2/06/2023