

GREEN LEAF SANCTUARY, INC

7218 MCFARLAND ROAD

SOUTHPORT, IN 46227

(317) 377-4248

ACH Authorization Form

I/We hereby authorize **Green Leaf Sanctuary** (THE COMPANY) to initiate entries to my/our checking or savings account at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transaction in error. This authority will remain in effect until THE COMPANY is notified by me/us in writing to cancel it in such a time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it. I/We also understand that if the payment by automatic withdrawal from my designated account cannot be made due to insufficient funds, the closure, change, or inaccessibility of the account without prior notice, a fee of \$20.00 for each failed attempt.

Name of Financial Institution

Address of Financial Institution

Signature

Date

Printed Name

I agree to have **Tuition, Extended Care, and Summer Program** fees withdrawn from the provided account. _____

Routing Number: _____

Account Number: _____ Checking Savings

Email Address (for draft notices) _____