



Hawaiian Mission Academy K-8
1415 Makiki Street Honolulu, HI 96814 (808) 949-2033 www.hmeischool.com
AUTOMATIC PAYMENT AUTHORIZATION
CHECKING / ACH DEBIT

I (we) hereby authorize **HAWAIIAN MISSION ACADEMY K-8**, herein called Company, to initiate debit entries to my (our) () Checking () Savings account (select one) indicated below at the depository financial institution named below, hereinafter called **DEPOSITORY**, and to debit the same to such account.

I understand that these debit entries will be for tuition and/or supervision, meals, and other school charges as stated on my monthly statement for the 2009-2010 school year. These monthly debit entries will be done on the 15th of each month or the following business day, if the 15th falls on a weekend or holiday.

DEPOSITORY
NAME _____ **BRANCH** _____

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

ROUTING NO. _____ **ACCOUNT NO.** _____

DEBIT START MONTH _____

This authorization is to remain in full force and effect until **COMPANY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

NAME(S) _____
(Please Print)

ID NUMBER _____ **DATE** _____

SIGNATURE _____

SIGNATURE _____

NOTE:

- 1) I/We also authorize adjustment entries in the event of erroneous transactions to my/our account.
- 2) All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Please attach a voided check or deposit slip for checking account debits