

Tuition may be paid monthly via ACH transactions. If electing this form of payment, please complete the "Debit Account Information" section of the "Consumer Authorization for Direct Payments" form, as well as your customer name(s), sign and date it and turn it in to the school office. We will complete the "Credit Account Information" and set up the automatic payments for you. The fee for each transaction is 50 cents. The transaction will default to the first day of the month, unless you choose to have it set up for a different date. The optional dates are the 2nd through the 10th. Just specify which day and we will set it up to re-occur on that date.

**CONSUMER AUTHORIZATION FOR DIRECT PAYMENTS**  
**United Citizens Bank & Trust Company**

PO Box 250, Campbellsburg, KY 40011

PO Box 225, New Castle, KY 40050

PO Box 80, Pendleton, KY 40055

PO Box 500, Carrollton KY 41008

5364 South Main Street, Eminence KY 40019

PO Box 517, Buckner KY 40010

Customer Name(s): \_\_\_\_\_

I(We) hereby authorize United Citizens Bank & Trust Co. Hereinafter called the "Company" to debit my(our) account at the financial institution named below and credit my checking/savings account at United Citizens Bank based on the schedule and amount outlined in this authorization. In addition, a 50 cent fee payable to United Citizens Bank will be assessed and collected as part of the debit amount. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States Law. This authorization will remain in effect until the expiration date or until the Company has received written notice from me (or either of us) of termination in such time and manner to afford the Company a reasonable opportunity to act on it.

***Credit Account Information:***

UCB Deposit Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Amount \_\_\_\_\_ Frequency \_\_\_\_\_  
Date First Transfer \_\_\_\_\_

***Debit Account Information:***

Financial Institution \_\_\_\_\_ Routing Number \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Account Number \_\_\_\_\_  
Account Type (DDA, Sav) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Company will retain a copy of this authorization for Direct Payment for a period of two years following its date of termination. Copies of this authorization will be provided to any related party within 60 days of receipt of written request.

Initials of UCB Officer reflect a copy of this authorization has been provided to customer. \_\_\_\_\_