Gladiator Athletic Association – ACH Credit Authorization Form

Gladiator Athletic Association
Johns Creek High School
5575 State Bridge Road
Johns Creek, Georgia 30022

CUSTOMER INFORMATION

Name: _____

Email: _____

Cell: _____

Address: _____

City: _____

State: _____

Zip Code: _____

PAYMENT INFORMATION

Name on Account: _____

Bank Routing Transit Number: _____

Account Number: _____

ACH TERMS

I authorize the Johns Creek High School Gladiator Athletic Association to Credit my bank account as outlined in the payment terms of this agreement. I understand that this authorization will remain in effect until it is canceled in writing and I agree to notify the Johns Creek High School Gladiator Athletic Association Treasurer at least 15 days in advance to any changes.

AUTHORIZATION

_____

Signature Date