



# Ke Kukui Foundation

Kaleinani O Ke Kukui Programs

## ACH Payment Authorization

I, \_\_\_\_\_, authorize Ke Kukui Foundation to initiate either an electronic debit or create and process a demand draft against my bank account according to the terms outlined below.

I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of the United States law.

### Terms of Billing

Initial

\_\_\_ \$205 will be processed at the time of enrollment for the 12-week session.

\_\_\_ Payment is non-refundable once processed.

### Bank Information

Name on Account \_\_\_\_\_

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

Your Phone Number \_\_\_\_\_

Bank Account Type      Checkings      Savings      Business Checking

This payment authorization is to remain in full effect until, I \_\_\_\_\_, notify **Ke Kukui Foundation** of its cancellation by sending written notice in such time and in such a manner to allow both **Ke Kukui Foundation** and receiving financial tuition the opportunity to act on it.

\_\_\_\_\_  
Customer Printed Name

\_\_\_\_\_  
Customer Signature