



P.O. Box 141146 — Spokane, WA 99214  
2303 S Bowdish Rd — Spokane Valley, WA 99206  
509-536-5955 — [www.theoakssca.org](http://www.theoakssca.org)

**Administration**

Charlie Dowers  
Head of School  
[charlie.dowers@theoakssca.org](mailto:charlie.dowers@theoakssca.org)

Kenneth V. Trotter  
Logic & Rhetoric School Dean  
[ken.trotter@theoakssca.org](mailto:ken.trotter@theoakssca.org)

Corey McEachran  
Grammar School Dean  
[corey.mceachran@theoakssca.org](mailto:corey.mceachran@theoakssca.org)

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**AUTHORIZATION AGREEMENT  
FOR DIRECT DEPOSITS (ACH CREDITS)  
OR DIRECT PAYMENTS (ACH DEBITS)**

**Company Name:** The Oaks Education Association

I (we) hereby authorize The Oaks Education Association, hereinafter called COMPANY, to initiate credit or debit entries to my (our) **Checking Account/Savings Account (select one)** indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit or debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

**Depository Financial Institution Name:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

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.

**Account Holder Name(s):** \_\_\_\_\_

**Student Name(s):** \_\_\_\_\_

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

NOTE: WRITTEN CREDIT OR DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

**Please attach a voided check to this form.**

*"They will be called oaks of righteousness, a planting of the Lord for the display of His splendor." Isaiah 61:3*