

## THE GEM (GIVE EVERY MONTH) PROGRAM

The GEM Program is an initiative of Nova Classical Academy's *Building. Excellence. Annual Drive*. Its objective is to make simpler and more regular the mode of how families give to the Academy. If Nova Classical Academy is to continue to provide the high quality classical education that we've come to expect, as a community we need to support the school financially now and into the future.

Please carefully consider what you are able to donate. Families who contribute a total of \$1,000 or more before June 30, 2012 will be honored with a commemorative marker in the new facility.

A commitment from each family to a monthly dollar amount and enrollment in the automatic payment system will bring the much needed continuous flow of funds into the school to sustain our current program and build a foundation for the future. Nova needs the financial support of families and friend to continue to build towards excellence.

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### Authorization Agreement for Direct Payments (ACH Debits)

I (we) hereby authorize Nova Classical Academy, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to 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.

I (we) would like the debit entries to occur (select one): \_\_\_ Monthly 12<sup>th</sup> or \_\_\_ Monthly 25<sup>th</sup>  
If any of these dates falls on a weekend, the debit will occur on the following Monday.

Start date: Please start donations: \_\_\_\_\_, 2011 (Month, Year)  
End date: \_\_\_ Continue until I notify the school to stop withdrawals  
\_\_\_ Please end my ACH donations June, 2012

I understand this authorization is to remain in full force and effect until the COMPANY has received written notification from me of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

*On the bottom of your check, the leftmost number (9 digits) is your routing number. Your account number is 6 or more digits and is located somewhere to the right of your routing number.*

Depository Financial Name: \_\_\_\_\_

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

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

Monthly Amount: \_\_\_\_\_

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

Please attach a **voided check** to this agreement to ensure proper recording of bank routing and account numbers. Send this form with the attached voided check to:

Nova Classical Academy 426 Osceola Avenue S, St. Paul, MN 55102