

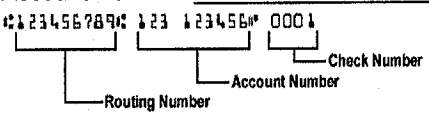
ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

COVENANT PRESBYTERIAN CHURCH PRESCHOOL

FOR OFFICE USE ONLY	STUDENT:	DATE:
---------------------	----------	-------

Effective date of authorization: ____/____/____	Name of Student: _____
Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change payment amount <input type="checkbox"/> Discontinue electronic payment <input type="checkbox"/> Change payment date	

Last Name	First Name	
Address		
City	State	Zip
E-Mail Address:	Phone #	

Please debit payments from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ 
--	--

Tuition Payment Plan (please check) <input type="checkbox"/> 9 Month Plan (Aug. through April)
--

Date of first payment: ____/____/____ Date of last payment ____/____/____	Date of monthly payment: <input type="checkbox"/> Monthly on the 3rd	Amount of ongoing payment: \$ _____
--	---	-------------------------------------

AGREEMENT I authorize the above school to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.	
Authorized Signature: _____	Date: _____

