

# ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

## COVENANT PRESBYTERIAN PRESCHOOL

FOR OFFICE USE ONLY	STUDENT:	DATE:
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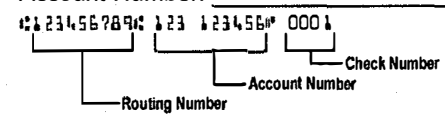
Effective date of authorization: _____ / _____ / _____	Name of Student: _____
Type of Authorization Form: <input checked="" type="checkbox"/> New Authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date	<input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment

Last Name	First Name
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Address
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City	State	Zip
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E-Mail Address:	Phone #
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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: _____  <p>The diagram shows a routing and account number: 23456789 123 4567 0001. Brackets indicate that '23456789' is the Routing Number, '123 4567' is the Account Number, and '0001' is the Check Number.</p>
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Tuition Payment Plan (please check) <input checked="" type="checkbox"/> 9 Month Plan (August through April)
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Date of first payment: <u>08 / 28 / 2024</u>	Date of monthly payment: <input checked="" type="checkbox"/> Monthly on the 28th	Amount of ongoing payment: \$ _____
Date of last payment <u>04 / 28 / 2025</u>		

<b>AGREEMENT</b> 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: _____
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