EFT Authorization

Last Name	First Name		
Address			
City		State	Zip
Email Address			

Effective Date of Authorization: ____ /____ /____

Type of Authorization:

- ☐ New Authorization
- ☐ Change banking information
- ☐ Change frequency of payment
- ☐ Change payment amount
- ☐ Discontinue Electronic Payment

Payment Options

- ☐ Weekly
- ☐ Bi-Weekly
- ☐ Monthly
  (Cannot accrue more than two weeks of tuition)

Date of first payment: ____ /____ /____
(payments are drawn on Fridays)

Amount of Payment: $_____

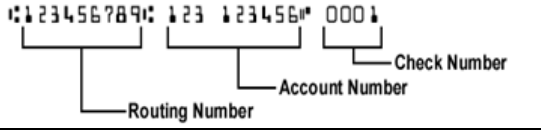
CHECKING/SAVINGS

Please debit payment from my (check one):

- ☐ Savings (Contact your financial institution for Routing #)
- ☐ Checking Account (staple a voided check)

Routing Number: _____

Account Number: _____



I Authorize the above organization 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: _____