

Weddington Christian Academy

Draft Authorization Form

I have read and agree to the terms and conditions of the automatic bank draft / credit card payments. This authority is to remain in effect from January 2010 to June 2011 unless a written notice of termination has been proved 15 calendar days prior to the next scheduled draft date. I authorize Weddington Christian Academy to pay and charge to my account any drafts and debits drawn on my account by Fifth Thirds Bank, provided my account has sufficient funds to cover such debits. I further agree that your treatment of such orders will be the same as if I personally signed or initiated the debit or draft. In addition, I agree that if any such draft or debit is dishonored, for any reason, you shall have no liability. Furthermore, I agree that the information contained on this form may be disclosed to the financial institution from which payments will be deducted. If there are changes to be made, they must be submitted in writing 15 calendar days prior to the scheduled draft date.

Please provide the following information for the Bank Account / Credit Card holder:

Name: _____

Address: _____

City, State & Zip: _____

Daytime Phone: _____

Email Address: _____

Relationship to Student: _____

Email Address: _____

Name of Student: _____

Grade: _____

Name of Student: _____

Grade: _____

Name of Student: _____

Grade: _____

Draft Information:

Date of Draft: 10th or 20th

Bank Draft:

Name of Financial Information

Institution ABA Number (8 digits)

Your Account Number

Credit Card Information:

_____ VISA _____ MasterCard _____ Discover _____ American Express

Name on Credit Card

Credit Card Number

Expiration Date

Security Code

Signature of Bank Account / Credit Card Holder:
