EFT AUTHORIZATION **K-CLUB 2009**

Automatic Payments by Electronic Funds Transfer (EFT)

PAYER INFORMATION:

Last Name _____ First Name _____ M.I. _____

Spouse's Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

STUDENT INFORMATION:

Last Name _____ First Name _____ Grade _____

Last Name _____ First Name _____ Grade _____

Last Name _____ First Name _____ Grade _____

PAYMENT INFORMATION: (Payer May Select ½ on 1st and ½ on 15th or all on one date)

Month Payment Begins _____ # of Weeks _____ $_____ Payment Amt. 1st ___ or 15th ___ Payment Day

I hereby authorize Crossroads Christian Schools to initiate debit entries on behalf of the school, and my financial institution to charge my account (as listed on accompanying voided check) for school-related payments. Payments returned due to non-sufficient funds may be resubmitted. These payments will be credited to the school. The school will determine the monthly tuition payment amount, and the terms of this agreement may e adjusted by the school.

(If this is a new account, please attach new voided check)

Cancellation Policy: This authorization is to remain in full force and effective until Crossroads Christian Schools has received written notification from me and has had the opportunity to act on it (at least 5 banking days).

PAYER AUTHORIZATION:

Payer Signature _____