

CENTRAL CHRISTIAN SCHOOL
AUTOMATIC WITHDRAWAL AUTHORIZATION

- This is an original authorization
 This is a change to an existing authorization

SECTION A – PAYER INFORMATION

NAME (LAST, FIRST, MIDDLE)

ADDRESS (PO BOX OR STREET ADDRESS)

(APT NUMBER)

(CITY)

(STATE)

(ZIP CODE)

TELEPHONE NUMBER (INCLUDING AREA CODE)

SECTION B – FINANCIAL INSTITUTION INFORMATION VOIDED CHECK OR DEPOSIT SLIP ATTACHED

FINANCIAL INSTITUTION NAME

TELEPHONE NUMBER (INCLUDING AREA CODE)

TYPE OF ACCOUNT (CHECK ONE BOX)

CHECKING

SAVINGS

AMOUNT

ROUTING NUMBER (9 DIGITS)

ACCOUNT NUMBER

SECTION C – AUTOMATIC WITHDRAWAL AUTHORIZATION

I hereby authorize the above withdrawals from my account for payment to Central Christian School.

ACCOUNT HOLDER'S SIGNATURE

DATE SIGNED

SECOND ACCOUNT HOLDER'S SIGNATURE (REQUIRED BY JOINT ACCOUNTS)

DATE SIGNED