

Automated Payment Processing

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARDS and BANK ACCOUNTS

I (we) hereby authorize ***GraceWay Children Academy*** to initiate **(SECTION A)** credit card charges to the below-referenced credit card account **OR** initiate debit entries to my (our) checking account **(SECTION B)**. I understand that failure for a payment to process will result in a \$10 fee associated with my tuition payment being past due. I understand that to properly affect the cancellation of this agreement, I (we) are required to give at least a two week (10 business day) written notice.

CHOOSE ONLY ONE SECTION TO COMPLETE * ALL REQUESTED INFORMATION IS REQUIRED

SECTION A (credit card – Visa or MasterCard accepted)

_____		_____		_____	
Cardholder Name (as it appears on card)	Phone #	Email Address			
_____		_____	_____	_____	
Billing Address		City	State	Zip	
_____		_____		_____	
Credit Card Number		Expiration Date	3-digit CCV		
_____		_____		_____	
Cardholder Signature			Date		

SECTION B (checking – a voided check must be attached)

_____		_____		_____	
Accountholder Name	Phone #	Email Address			
_____		_____	_____	_____	
Accountholder Address		City	State	Zip	
_____		_____		_____	
Financial Institution Name	Address	City	State	Zip	
_____		_____		_____	
Routing Transit Number		Account Number			
_____		_____		_____	
Authorized Signature			Date		

ATTACH VOIDED CHECK HERE