

**Authorized Signature** 

## I would like my tuition taken out on the Following:

,		•		
□1 <sup>st</sup> Day of Each Month				
□1 <sup>st</sup> & 15 <sup>th</sup> Day of each month				
We are excited to offer the safety, convenience and ease of Tu on-time tuition and fee payments to be made from either your b		ng system tha	at allow	s secure,
<b>ELECTRONIC FUNDS TRANSFER AUTHORIZATION</b>	FOR BANK ACCOUNT or CRI	EDIT/DEBI	Γ CAF	RD
hereby authorize <u>Broadmoor United Methodist Church- Children's Leading</u> redit card account <b>(Section A)</b> OR, initiate debit entries to my properly affect the cancellation of this agreement, I am required contact your credit union to verify account and routing numbers credit card types.	checking or savings account, indicated to give 14 days written notice. <i>Cre</i> c	ted below <b>(Se</b> dit union mem	ection bers: p	<b>B).</b> To blease
:HILD'S NAME:				
COMPLETE ONE SECTION ONLY				
SECTION A (Credit Card)				
Cardholder Name	Phone #			
Cardholder Address	City	State	Zip	
account Number	Expiration Date			
Cardholder Signature		Date		
SECTION B (Bank Account)				
our Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name Bank or Credit Union Address	City	State	Zip	
Routing Transit Number (see sample below)	Account Number (see sample below)	Checkir	ng	Savings

Date