

I would like my tuition taken out on the Following: □1st Day of Each Month □1st & 15th Day of EachMonth □Weekly (Required for Summer Camp & School Ca	amp Only, not available for the CL	C)		
We are excited to offer the safety, convenience and ease of secure, on-time tuition and fee payments to be made from e			n that allo	ows
ELECTRONIC FUNDS TRANSFER AUTHORIZATION	ON FOR BANK ACCOUNT or C	REDIT/DE	BIT CA	ARD
I hereby authorize <u>Broadmoor United Methodist Church- Children's</u> credit card account (Section A) OR, initiate debit entries to properly affect the cancellation of this agreement, I am recontact your credit union to verify account and routing number card types.	o my checking or savings account, in quired to give 14 day written notice.	ndicated bel Credit unic	ow (Sec t	t ion B). To ers: pleas
CHILD'S NAME:				
COMPLETE ONE SECTION ONLY SECTION A (Credit/Debit Card) *We do not accept American Express* All DEBIT/CREDIT payments are charged a 3.5% processing fee.				
Cardholder Name	Phone #			
Cardholder Address	City	State	Zip	
Account Number	Expiration Date			
Cardholder Signature		Date		
SECTION B (Bank Account)				
Your 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)	Checking		Savings
Authorized Signature		Date		