

**Electronic Bank Draft (EBD)
Customer Application
(Checking Account Draft)**



For your convenience, and with the help of your bank, we can now automatically deduct your child's monthly tuition from your account. Once this form is completed, we will need to attach a VOIDED CHECK from the account to be drafted in order to start the EBD process.

Name:	Child's Name		
Address:	City:	State:	Zip Code:
Phone Number:	E-Mail Address:		
Driver's License #:	State Issued:		

Banking Information

Name of Primary Bank:	Bank Phone Number:
Name(s) as they appear on the account:	
Bank Routing #:	Bank Account #:

I hereby authorize a monthly draft on the account designated above, not to exceed the amount agreed to by me below. The draft limit, stated below, will allow my account to be charged for any additional services such as adding a second class/second child, special event, etc.. The transaction day is the 1st day of each month beginning _____ 1, 20__ to _____ 1, 20__. I understand and authorize all payments and/or processing fees with applicable taxes to be electronically debited from my account. I understand that I must give a written or verbal FULL 30-DAY NOTICE to stop any and all bank drafts. **YOUR 30-DAY NOTICE WILL BEGIN ON THE 1st OF THE FOLLOWING MONTH.** If your check is returned for insufficient funds, you will receive a \$35.00 NSF charge.

Signature:	Date:
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FOR OFFICE USE ONLY

Start Date:	Draft Amount:	Draft Limit:
		\$200.00