

All God's Children Preschool Academy
APPLICATION FOR ELECTRONIC FUNDS TRANSFER

Name _____

Child(ren)s Name _____

Address _____

City _____ State _____ Zip _____

Home Telephone Number (____) _____ - _____

Name of Bank _____

Address _____

City _____ State _____ Zip _____

Bank Telephone Number (____) _____ - _____

Bank Routing Number _____ (9 digits)

Bank Account Number _____

Please attach a voided blank check to this application.

(Please complete the other side of this form)

I hereby authorize Concord Christian Church to transfer the amount listed below from my checking account each month. This authority will remain in effect until May 31, 2011.

I understand that this request may take two to four weeks to be processed. If there are insufficient funds to cover the transfers, I agree to pay all charges incurred by Concord Christian Church.

Withdraw on the 10th of each month beginning ____ / 10 / 2010

Amount to be drafted monthly \$ _____

Total amount to be drafted \$ _____

Signature _____

Date _____

PLEASE RETURN THIS FORM TO THE PRESCHOOL OFFICE.