

Bank Transfer Authorization Form

I authorize <u>Augusta Road Baptist Church</u> to electronically debit my bank account according to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States law.

Terms of billing:

Starting on and on the fifth day of each month through		
mm/dd/y	/y	mm/dd/yy
for the amount of \$_	tuition rate	

Customer bank account information:

Name of bank

Routing number

Account number

Account type: \Box Checking \Box Savings

This payment authorization is to remain in effect until I, _______, notify <u>Augusta Road Baptist Church</u> of its cancellation by giving written notice in enough time for the business and receiving financial institution to have a reasonable opportunity to act on it.



Credit/Debit Card Authorization Form

I authorize <u>Augusta Road Baptist Church</u> to electronically debit my credit/debit card according to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States law. I also understand that I am responsible for paying a 3% processing fee for each transaction.

Terms of billing:

Starting on	_ and on the fifth day of each month through	
mm/dd/yy		mm/dd/yy
for the amount of \$	plus a 3% processing fee.	

Customer credit card account information:

Credit card number			Expiration date	CVV	Zip code	
Full name on card			Address associated with card			
Account type:	Debit Card	Credit Card	b			

This payment authorization is to remain in effect until I, _______, notify <u>Augusta Road Baptist Church</u> of its cancellation by giving written notice in enough time for the business and receiving financial institution to have a reasonable opportunity to act on it.