



## Bank Transfer Authorization Form

Child's Name: \_\_\_\_\_

I authorize Augusta Road Baptist Church 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/yy

for the amount of \$\_\_\_\_\_.

### Customer bank account information:

\_\_\_\_\_  
Name of bank

\_\_\_\_\_  
Parent phone number associated with account

\_\_\_\_\_  
Routing number

\_\_\_\_\_  
Account number

Account type:     Checking     Savings

This payment authorization is to remain in effect until I, \_\_\_\_\_, notify  
Customer name  
Augusta Road Baptist Church 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.

\_\_\_\_\_  
Customer signature

\_\_\_\_\_  
Customer printed name

\_\_\_\_\_  
Date



## Credit/Debit Card Authorization Form

Child's Name: \_\_\_\_\_

I authorize Augusta Road Baptist Church 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

for the amount of \$\_\_\_\_\_ plus a 3% processing fee.

### Customer credit card account information:

|                                   |  |                    |                         |
|-----------------------------------|--|--------------------|-------------------------|
| _____                             | _____  | _____              | _____                   |
| <small>Credit card number</small> | <small>Expiration date</small>                               | <small>CVV</small> | <small>Zip code</small> |
| _____                             | _____  |                    |                         |
| <small>Full name on card</small>  | <small>Address and phone number associated with card</small> |                    |                         |

Account type:     Debit Card     Credit Card

This payment authorization is to remain in effect until I, \_\_\_\_\_, notify  
Customer name  
Augusta Road Baptist Church 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.

|                                   |                                      |                     |
|-----------------------------------|--------------------------------------|---------------------|
| _____                             | _____                                | _____               |
| <small>Customer signature</small> | <small>Customer printed name</small> | <small>Date</small> |