



# AUTOMATIC DRAFT AUTHORIZATION FORM

Date		Child's Name	
<b>PAYOR INFORMATION</b>			
Last Name		First Name	Middle Initial
Address		City/State/Zip	
<b>FINANCIAL INSTITUTION INFORMATION</b>			
Name		Branch	
Address		City/State/Zip	
Routing Number		Account Number	
Amount	Date(s) of Draft	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
<p>I hereby authorize Big Blue Marble Academy to automatically deduct payments from the checking account listed above. I also authorize the above-listed financial institution to honor those deductions from my account.</p> <p>This authorization will remain in effect until Big Blue Marble Academy has received a written request for termination. I understand if payment is returned from my financial institution, I will be responsible for bank fees and/or late fees this may cause.</p> <p>Automatic Draft Authorization Form Checklist:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Payor Information completed.</li> <li><input type="checkbox"/> Financial Information completed.</li> <li><input type="checkbox"/> Voided Check is attached.</li> </ul>			
Printed Name			
Authorizing Signature			Date

**A VOIDED CHECK MUST BE SUBMITTED WITH THIS FORM.**

