

Champion Baptist College

AUTOMATIC BANK DRAFT AUTHORIZATION FORM

STUDENT'S NAME: _____

I (we) have elected to pay tuition (plus room & board if applicable) on a monthly basis and authorize Champion Baptist College and the college's bank to initiate an automatic bank draft from the account indicated below.

MY BANK'S NAME: _____

ACCOUNT NUMBER: _____

ROUTING NUMBER: _____

ACCOUNT TYPE: Checking Savings

CITY: _____ STATE: _____ ZIP: _____

PREFERRED DATE OF MONTHLY DRAFT: 5th OR 20th

This authorization will remain in full force and effect until written notification is provided to the college to terminate these automatic bank drafts and until the college has had reasonable opportunity to act upon your request.

ACCOUNT HOLDER'S NAME(S): _____

ADDRESS: _____

TELEPHONE NUMBER: _____

Signature(s)

Date

PLEASE ATTACH A VOIDED CHECK OR SAVINGS WITHDRAWAL SLIP