



**AUTOMATIC BANK/CREDIT CARD DRAFT AUTHORIZATION:**

STUDENT NAME: \_\_\_\_\_

NAME ON ACCOUNT/CREDIT CARD: \_\_\_\_\_ Tel#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_

BANK NAME: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

ABA TRANSIT/ROUTING Number: (9 digits) \_\_\_\_\_

BANK ACCOUNT Number: \_\_\_\_\_ Type: circle 1: checking savings

CREDIT CARD Number: \_\_\_\_\_ TYPE: \_\_\_\_\_ EXPIRE: \_\_\_\_\_ CVV: \_\_\_\_\_

AMOUNT to be withdrawn monthly: \_\_\_\_\_ Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

AMOUNT to be withdrawn just one time: \_\_\_\_\_ ON: \_\_\_\_\_ date

**If bank draft attach a voided check to this form**

I, hereby request and authorize Legacy Academy and its financial institution acting on its behalf, to set up an automatic deduction from my bank account/credit card when payments are due on my account in accordance with the above and with school policies. I agree that if a payment is rejected, the Bank shall have no liability. This authority is to remain in full force and effect until Legacy Academy has received written notice from me of its termination in such time and in such manner as to afford Legacy Academy a reasonable opportunity to act on it. I acknowledge that origination of Automatic Bank Draft transactions to my account must comply with the provisions of US law. This information will be used by Legacy Academy only for the processing of tuition payments and other fees associated with my child's enrollment at Legacy Academy and will be kept in strict confidence.

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTARY:

(This form must be notarized and may be notarized at the school office)