



# Electronic Bank Draft Form

(Electronic Transfer of Funds for payment)

## AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED DEBITS TO MY ACCOUNT

For the school year Aug, \_\_\_\_\_ through May, \_\_\_\_\_

In order to process payment of my (our) amounts owed to A Children's Village Mother's Day Out program, I(we) hereby authorize West University Baptist Church of Houston / Crosspoint Church of Bellaire (hereby referred to as The Church) to initiate debit entries to my(our) checking/savings account indicated below and my(our) financial institution name below to debit the same such account.

Bank Routing (ABA) Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

**Required: ATTACH A BLANK CHECK FROM THIS ACCOUNT, MARKED "VOID"**

The amount of \$\_\_\_\_\_ will be debited from my account listed above on the 1<sup>st</sup> business day of every month, in accordance with the payment schedule in the ACV handbook. This amount represents the monthly tuition for my child(ren) listed herein:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

This agreement is to remain in full force and effect for the school year indicated above, or until The Church Business Office has received written notification from me (or either of us) of termination of the agreement. If the debit amount should need to change, a new agreement must be filled out and signed, noting the new agreement as a replacement of this agreement. Any notice of termination or change must be submitted to the Church's Business Office, in such time and in such manner as to afford The Church and its bank a reasonable opportunity to act upon such instructions (minimum of 2 weeks notice required).

As long as this agreement is in effect, it implies that I will maintain sufficient funds in my referenced bank account to cover the monthly amount indicated, on the schedule indicated. Failure to do so will be treated the same as issuing a check with non-sufficient funds, and I will be responsible to pay a returned check fee of \$25. If for any reason I close above account, I will notify The Church immediately. If I fail to notify The Church in a timely manner that such account was closed, and an attempted debit is returned to The Church, it will be treated the same as issuing a check with non-sufficient funds, and I will be responsible to pay a returned check fee of \$25. One non-sufficient funds occurrence could terminate this agreement, at the will of The Church.

Written notifications are to be sent to:  
West University Baptist Church / Crosspoint Church  
6218 Auden  
Houston, TX 77005  
ATTN: Business Office  
Or fax to 713-668-9913

Please print:  
Name(s) as they appear on my(our) bank account:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email address \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

My(our) electronic transfers will begin on \_\_\_\_\_, covering tuition for the month of \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_  
Authorized signatures (if joint checking, both parties must sign)