West Valley Christian School
College Prep From Preschool

Electronic Funds Transfer (EFT) Authorization
and Automatic Payment Setup

PARENT INFORMATION: □ MOTHER □ FATHER □ OTHER _____

First Name: _____ Last Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____

Child's First Name: _____ Last Name: _____
Date of Birth: _____ Age: _____ Grade: _____

I authorize **West Valley Christian School** to initiate monthly EFT withdrawals for the balance on my student's account. Withdrawal to be made on the _____ day of the month.

From the following bank account:
Account Type: □ INDIVIDUAL □ BUSINESS
Choose One: □ CHECKING □ SAVINGS

Routing Number: _____ Account Number: _____
Financial Institution: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

I certify that I am an owner or authorized signer for this account.
I have attached a voided check or savings deposit slip with name imprinted.
I authorize the financial institution where this account is held to honor the withdrawal.
I acknowledge it is my responsibility to have sufficient funds in this account to cover this withdrawal. If there are not sufficient funds, I understand my son or daughter may not be eligible to attend WVCS until the funds are available. I understand any missed payment or payment returned by the bank for any reason will be subject to additional penalty charges of $25.
This authority will remain in effect until I give reasonable notification to terminate the authorization.

_____
Parent's Name (please print) E-mail (to send payment confirmation)

_____
Parent's Signature Date

_____
Account Holder's Signature Date
(If parent's name does not appear on bank documentation)

Rev. 3/2/2015