



Bank Draft Authorization Form

Please complete this form to automatically draft monthly payments for the 20__ - 20__ school year.

I, _____, request and authorize Wynnbrook Baptist Church to draft the account listed below for the amount specified on behalf of Wynnbrook Christian School for my child(ren): _____.

I understand the frequency of the draft will be on the 15th of each school month. I have reviewed the account information and draft amount and verify that it is correct.

This authorization shall become effective on or after (month/day/year)_____ and remain in effect for the remainder of the 20__ - 20__ school year or until the Financial Administrator of Wynnbrook Baptist Church receives a written notice indicating my decision to discontinue the bank draft. Any changes to the draft must be made by the 1st of the month that the change to become effective.

Number of Payments: 10

Type of Account: _____ (i.e. checking, savings)

Account #: _____

Routing #: _____

Amount: \$ _____

Signature(s) of Depositor(s) on the account:

Please attach a voided check from this account with this form.