Meadow Glade Adventist Elementary School

Auto Withdrawal Form

Valid from July 2018 - July 2019

This form must be completed & signed to authorize your transactions for the 2018-2019 School year.

Date _____ Print Name _____ Signature authorizing auto-withdrawal _____

Email _____ Phone _____

Include the email address & phone number for the family member who is to receive communication regarding transactions

Student Name(s): ***1*** _____ ***3*** _____

2 _____ ***4*** _____

Please choose one

☐ **Credit Card**

Card Type: ☐ V / ☐ MC / ☐ DS / ☐ AE Name as it appears on Card _____

Please Check Card Type (Please Print)

Card number _____ Expiration Date _____

CVS Code (3 digit code on back of credit card) _____

Address City State Zip

☐ **Electronic Fund Transfer (EFT) Please attach a voided check for this option**

Account Name: _____

Name as it appears on the Account (please print)

Bank Routing Number _____ Bank Account Number _____ Checking ☐ Savings ☐ Bank account type

$_____ Amount you authorize MGAES to withdraw each month. This amount must be large enough to cover your agreed monthly tuition payment for each month.

Please add the following charges to withdraw automatically:

☐ Bus Charges | ☐ Kid Zone | ☐ Music Lessons | ☐ Other Charge _____

Please check the preference of the date for your monthly withdrawal.

☐ 5th or ☐ 20th of each month

Office Use Only

HH Acct # _____

Transaction Dates:

Aug _____ Sept. _____ Oct. _____ Nov. _____

Dec. _____ Jan. _____ Feb. _____ Mar _____

April _____ May _____ June _____ July _____