



# Automatic Payment Agreement

## Electronic Funds Transfer / Electronic Credit Card Charge

Child(ren) Name(s)		

I authorize *LifeKids Weekday Ministry* to automatically deduct tuition for the child(ren) listed above from my account with the financial institution named below. I understand that I have the right to stop these automatic payments upon 30 days written notice to LifeKids Weekday Ministry prior to the time my account is charged. I also understand that LifeKids Weekday Ministry reserves the right to end this payment plan and my participation therein. I understand that transactions returned insufficient funds by my financial institution will result in a \$25 return payment fee being added to my LifeKids Weekday Ministry tuition.

I authorize these electronic funds transfer to begin on (date) \_\_\_\_\_.

**3 Options (Check one):** Monthly ☐ 1<sup>st</sup> or ☐ 15<sup>th</sup>      Bi-Monthly ☐ 1<sup>st</sup> & 15<sup>th</sup>      Weekly ☐

<b>PAYMENT PLAN 1</b>	<b>AUTOMATIC BANK DRAFT (NO FEE. ATTACH VOIDED CHECK)</b>		
CHECKING <input type="radio"/> SAVINGS <input type="radio"/>			
PRINT ACCOUNT HOLDER NAME			
ADDRESS, CITY, STATE, ZIP			
NAME OF BANK			
ROUTING/TRANSIT NUMBER			
BANK ACCOUNT NUMBER			
AUTHORIZED SIGNATURE			

<b>PAYMENT PLAN 2</b>	CREDIT CARD <input type="radio"/> DEBIT CARD <input type="radio"/> (\$3 fee additional)		
TYPE OF CARD	AMEX <input type="radio"/> DISCOVER <input type="radio"/> MASTERCARD <input type="radio"/> VISA <input type="radio"/>		
CREDIT CARD NUMBER			
EXPIRATION DATE		CVV SECURITY CODE	
PRINT CARD HOLDER NAME			
ADDRESS, CITY, STATE, ZIP			
AUTHORIZED SIGNATURE			