# PRE-AUTHORIZED PAYMENT FORM

Cross & Crown School
4276 Chamblee-Dunwoody Rd.
Chamblee, GA 30341

## INDIVIDUAL INFORMATION

NAME AS IT APPEARS ON ACCOUNT: (PLEASE PRINT ALL INFORMATION)

STREET ADDRESS:

CITY/STATE: ZIP CODE:

TELEPHONE NUMBER/S:
HOME: WORK: CELL:

AMOUNT OF MONTHLY TUITION DRAW (1ST—4TH OF EACH MONTH) SCHOOL OFFICE TO FILL THIS IN!

$_____

I hereby authorize the initiation of a deduction from my account and the financial institution named below to debit such account in order to fulfill my obligation/s to Cross & Crown School. I understand I will be notified if the debit amount needs to be adjusted, either increased or decreased. I, also, understand that I have the right to stop automatic payment by notifying the school office manager or principal in writing at least five days prior to the date my account is to be charged.

SIGNATURE: _____ DATE: _____

## FINANCIAL INSTITUTION INFORMATION

FINANCIAL INSTITUION NAME:

STREET ADDRESS (YOUR BRANCH):

CITY/STATE:

NINE-DIGIT ROUTING TRANSIT NUMBER (BETWEEN THESE SYMBOLS):

BANK ROUTING NUMBER:

CHECKING _____ SAVINGS _____

NAME AS IT APPEARS ON ACCOUNT _____

**YOU MUST ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP!**

## CREDIT CARD INFORMATION

NAME AS IT APPEARS ON CARD _____ VISA _____ AMERICAN EXPRESS _____
DISCOVER _____ MASTERCARD _____

ACCOUNT/CARD NUMBER _____ EXP DATE: _____