



Electronic Fund Transfer (EFT) Enrollment Form for Footprints Tuition

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZATION PAYMENTS

I hereby authorize **Lynwood Baptist Church** to initiate electronic debit entries (e-payments) to my/our account(s) as indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I acknowledge that the origination of ACH transactions to my/our account must comply with provisions of U.S. law.

CHECKING ACCOUNT

Bank Name _____ Bank Location/City _____

Account Number _____ Routing Number _____

Begin Direct Debit (e-payment) Change Direct Debit (e-payment) Cancel Direct Debit

Start date _____ Change date _____ Cancellation date _____

Amount \$ _____ Amount \$ _____

Monthly debit on 1st Thursday of month Monthly debit on 1st Thursday of month

Please attach a copy of a voided check.

SAVINGS ACCOUNT

Bank Name _____ Bank Location/City _____

Account Number _____ Routing Number _____

Begin Direct Debit (e-payment) Change Direct Debit (e-payment) Cancel Direct Debit

Start date _____ Change date _____ Cancellation date _____

Amount \$ _____ Amount \$ _____

Monthly debit on 1st Thursday of month Monthly debit on 1st Thursday of month

Please attach a copy of a voided deposit slip.

This authorization is to remain in full force and effect until **Lynwood Baptist Church** has received written notification from me/either of us at least one week prior to its termination/modification in such time and manner as to afford **Lynwood Baptist Church** and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name (please print) _____ Date _____

Signature _____ Child's Name _____

PLEASE RETURN THIS FORM TO: Lynwood Baptist Church, 2935 Lynwood Hills Drive, Cape Girardeau, MO 63701

ATTN: Bookkeeper