



# WEST MEMPHIS CHRISTIAN SCHOOL

Home of the  
BLACK KNIGHTS

## West Memphis Christian School Draft Authorization

**IMPORTANT: ALL WMCS families must complete this draft form in its entirety unless you are attaching payment in full.**

I, \_\_\_\_\_ authorize West Memphis Christian School to Draft:

☐ Quarterly, (AUG, NOV, FEB, APR)

☐ Yearly tuition payments for the following students (Due August)

Student's Name:

Student's Grade:

_____	_____
_____	_____
_____	_____
_____	_____

**Draft on the 15th of each month: (Please check one)**

☐ Checking Account

☐ Savings Account

**Banking Information: (Please type or print clearly)**

Name on Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Authorized Account Holder: \_\_\_\_\_

Date: \_\_\_\_\_