



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

Tuition drafts will begin in May (unless other arrangements have been made ahead of time)

I, _____ authorize West Memphis Christian School to
Draft () Monthly, () Quarterly, (), Yearly tuition payments for the following students

Name:

Grade:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Draft on the following days (Please check one)

() 1st of the month () 10th of the month () 15th of the month
() Checking Account () Savings Account

Banking Information:

Name on Account: _____

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Email Address: _____ Phone: _____

Signature of Authorized Account Holder: _____

Date: _____