WEST MEMPHIS

Home of the

CHRISTIAN SCHOOL

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.

l,	authorize west Mei	mpnis Christian School to Draft:
() Monthly		
() Quarterly (AUG, NOV, FEB, AP	R)	
() Yearly tuition payments for the	e following students (Due S	September)
Studer	Student's Name:	
Draft	on the 15th of each monti	h: (Please check one)
Dian		
	() Checking Ac	
	() Savings Acc	ount
Banking Information: (Please type	or print clearly)	
Name on Account:		
Bank Name:		
Bank Routing Number:		
Bank Account Number:		
Email Address: Pho		
Signature of Authorized Account H	older:	
Date:		