

EZ-EFT Authorization Form

I hereby authorize

Christ the King High School

to make my periodic payment on my behalf from the checking, savings or credit account listed below and transfer it to **Christ the King High School**.

I understand that I am in full control of my payment, and if at any time I decide to make any changes or discontinue this service, I will notify **Christ the King High School**. Change of payment method will not affect the terms of my contract.

CHOOSE ONE:

_____ Checking Account Transfer
(Voided check must be attached.)

Name _____

_____ Savings Account Transfer

Address _____

(Savings Account Number)

City _____

_____ Credit Card Charge

State _____ Zip _____

____ Visa ____ AMEX
____ MasterCard ____ Discover

Signature _____

Date _____

(Credit Card Number)

____/____ (month/year)
(Expiration Date)

Student Name _____

Student ID# _____