



**CONTEMPORARY SCHOOL OF FINE ARTS**  
**ACH AUTHORIZATION FORM**  
 13000 Jones Rd.  
 Houston, TX 77070

Name (Please print as detailed on your bank account) : \_\_\_\_\_

Address : \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone # : \_\_\_\_\_

New authorization
  Change in authorized amount
  Change in account

FREQUENCY	FUND DESIGNATION	AMOUNT
Monthly (on the 5 <sup>th</sup> )	Tuition	\$ _____

Please take my payment directly from my: (choose one)

\_\_\_\_\_ Checking Account (attach a voided check)    Account # : \_\_\_\_\_    Routing # : \_\_\_\_\_  
 \_\_\_\_\_ Savings Account (attach a deposit slip)    Account # : \_\_\_\_\_    Routing # : \_\_\_\_\_

I authorize Metropolitan Baptist Church to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give two (2) weeks advance notification to terminate this authorization.

Authorized signature on my account: \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS**

*Attach a voided check or savings deposit slip*

1. Complete the personal name and address information.
2. Designate whether this is a new authorization, a change in amount, or a change in account.
3. Allocate total payment by specific fund.
4. Designate account type, account number, and routing number.
5. Sign on the authorized signature line.
6. If this is a new authorization or change in account, attach a voided check or a savings deposit slip to this form.
7. Return completed authorization form to the Contemporary School of Fine Arts Office.
8. The school must receive this form at least two (2) weeks prior to effective date.

FOR OFFICE USE ONLY:

Date Entered _____
Initials _____

Date of 1<sup>st</sup> Draft \_\_\_\_\_