# Meadow Glade Adventist Elementary School

Auto Withdrawal Form

Valid from August 2020 - July 2021

**This form must be completed & signed to authorize your transactions for the 2020-2021 School year.**

Date _____ Print Name _____ Signature authorizing auto-withdrawal _____

Email _____ Phone _____

Include the email address & phone number for the family member who is to receive communication regarding transactions

***Student Name(s):*** ***1*** _____ ***3*** _____

***2*** _____ ***4*** _____

**Please choose one**

☐ **Credit Card**

Card Type: ☐ V / ☐ MC / ☐ DS / ☐ AE Name as it appears on Card _____

Please Check Card Type (Please Print)

Card number _____ Expiration Date _____

CVS Code (3 digit code on back of credit card) _____

Address City State Zip

☐ **Electronic Fund Transfer (EFT) Please attach a voided check for this option**

Account Name: _____

Name as it appears on the Account (please print)

Bank Routing Number _____ Bank Account Number _____ Checking ☐ Savings ☐ Bank account type

$_____ Amount you authorize MGAES to withdraw each month. This amount must be large enough to cover your agreed monthly tuition payment for each month.

**Please add the following charges to withdraw automatically:**

☐ Bus Charges | ☐ Kid Zone | ☐ Music Lessons | ☐ Other Charge _____

**Please check the preference of the date for your monthly withdrawal.**

☐ 5th or ☐ 20th of each month

## Office Use Only

HH Acct # _____

Transaction Dates:

Aug _____ Sept. _____ Oct. _____ Nov. _____

Dec. _____ Jan. _____ Feb. _____ Mar _____

April _____ May _____ June _____ July _____